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OCCIDENTAL MEDICAL TIMES

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JANUARY, 1899.

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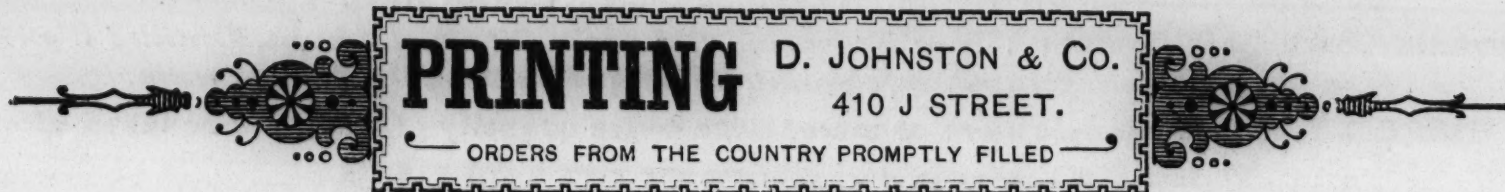
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— ORDERS FROM THE COUNTRY PROMPTLY FILLED —

Occidental Medical Times.

VOL. XIII.

JANUARY, 1899.

No. I.

AN ADDRESS

Delivered at the Eighth Annual Meeting of the California Northern District Medical Society.

By T. W. HUNTINGTON, M.D., President, Sacramento, Cal.

In welcoming you to our city and to the eighth annual meeting of the California Northern District Medical Society, my first duty is one of congratulation. You will unite with me in a feeling of pride and gratification at the continued growth and prosperity of our Association. From a modest beginning, through the earnest, intelligent efforts of its members, it has gained recognition as one of the foremost institutions of its kind in our commonwealth. Its membership has rapidly increased and now comprises a large proportion of the practitioners within its jurisdiction. The attendance upon its sessions has been uniformly liberal, and I believe will compare more than favorably with other organizations whose members represent communities as widely separated and as remote from meeting places.

Its proceedings have shown marked improvement in the way of strict decorum, careful preparation, genuine earnestness in the fulfilment of appointments and seriousness in discussion. The programme of to-day is peculiarly in evidence upon this point. As regards variety of subjects and general interest to the profession, I am justified in assuring you that it bids fair to equal if not surpass that of any prior session. It is furthermore most gratifying to know that every paper scheduled will be represented in person by its author. All this has cost effort, not only on the part of contributors, but as well on the part of the Committee of Arrangements and the presiding officer. But such effort is insignificant when compared to the satisfaction and profit attending a truly successful meeting.

With a deep and abiding interest in its welfare and with the highest personal regard for its members, permit me to bespeak for it in the coming years such allegiance, such activity, enthusiasm, and self sacrifice in its maintenance as will ensure it a career of ever increasing usefulness. Furthermore, it is to be earnestly wished that the number of those, who, by their regular attendance and cheerful

response to requests for contributions, are a delight to the presiding officer, may multiply and increase.

Among the numerous institutions devoted to the advancement of medical education, the encouragement of research, the procurement of efficient legislation, and the promotion of the ethical and social relation in the professional community, the well organized medical society takes high rank. For those of us who do our part of wearisome drudgery, whose lives are spent in the treadmill of general practice, whose careers are the more useful and whose work the more beneficent, because of our less fortunate environment, this statement appeals with special emphasis; and I fancy very many of us find the stated meetings of this Society a valid excuse for occasional recreation, and an escape from the humdrum of life; an indulgence which we cannot or will not compass under ordinary circumstances.

The reflex of active participation in society work as an educational factor cannot be overestimated. The incentive which it offers to systematic and oft-repeated literary effort, means intellectual progress. Through it one is impelled to a more painstaking, systematic conduct of familiar work, and as he learns to estimate correctly the value of experience, he finds an escape from the humble sphere of a routine worker, to the higher plane and purer atmosphere of a scientific observer and annotator. It is a matter of universal experience that no person ever seriously engaged in a literary effort, without receiving positive benefit in the acquirement of greater facility for further efforts. "There is nothing," says Byron Bramwell, "which teaches one so much, or shows one how little one knows of a subject, as the attempt to put one's ideas upon paper." The exercise of writing is the best inducement to careful reading and to a habit of study, which augments the power of correct expression and interpretation, tends to the crystalization of one's ideas and to the acquisition of knowledge that is at once thorough, accurate, and available.

In concluding this thought, I shall venture to warn the young man in medicine, who willingly or indolently neglects the duties imposed by such organizations as this, lest he lose sight of certain traditions belonging to our profession, that are far holier and more ennobling than the cunning of the tradesman or the selfishness of the money-changer. The growing tendency to commercialism in professional life is becoming more and more apparent. A low morality sanctions policies that spring from baseness and cupidity, and the code of the market-place supplants the divine law, "Do unto others as ye would men should do unto you."

The time has come when men of character and influence in the medical councils of the world, men who represent the highest type of nature's nobility, men whose conduct in public and private is a constant reminder that the chivalric spirit is not dead, should give full and free utterance upon the subject of the ethics of medicine. Such men, the accredited leaders and law givers in the broad realm of medical science, cannot too often, nor with too much emphasis, repeat that "Medicine is a glorious profession, but a vile trade." To us all there comes the injunction of eternal vigilance, lest in this age of restless activity, wherein oftentimes the struggle is one for existence, there is not a lowering of moral standards and a sacrifice to self respect.

Utterances such as this, find but two channels through which to reach the world: the medical society and the medical journal. These two institutions are essential to and part of one another. The society is the rallying point of men of science. Thence issue, with the sanction of authority, bulletins of current progress, the product of research, experiment, and investigation. The journal is the record, the silent custodian of the choicest legacy of genius to humanity.

One of the notable features of modern medicine is the rapid increase of medical organizations within a comparatively brief period. That they are of value to the profession and to mankind is evidenced by the fact that they are still multiplying, and that to them are brought the product of the best thought of the world's masters. Thus do they play an important part in raising the standards of intellectual excellence and in widening the range of human knowledge.

I wish now to dwell with considerable definiteness upon the disciplinary function of medical organizations in the correction of abuses and the furtherance of reform measures. The most responsible office attaching to organized medicine is the faithful guardianship of professional portals. It has been truly said that the work required to be done by the medical student of to-day is many fold greater than in former years. The multiplicity of subjects included in the modern curriculum, and the time exactions for laboratory and clinical work, more completely occupy the student's time for four full years, than did the earlier perfunctory teaching of two or three short terms then in vogue. This means first, a high standard of fundamental education on the part of the matriculant; second, a longer period, during which studies shall be pursued before graduation.

Already a respectable minority of medical schools have reorgan-

ized their curricula to meet the exigencies of the age; and it is clearly within the scope of medical organizations to enact and enforce a law whereby all schools, which make even faint pretense to dignity and respectability, shall conform to the advance movement. Unity of effort on the part of medical societies only is required to insure adequate preparation as a preliminary to entering upon professional study; and final examinations that shall be uniform and thorough. By this is meant that applicants for a degree shall manifest a reasonable degree of familiarity with the practical side of subjects that have been gone over. An eminent American surgeon has recently said, "Train students as thoroughly as you will in the lecture-rooms, but at the close give them an opportunity to see the greatest possible amount of actual work in the clinic, at the bedside, and in the operating theatre.

It is by no means improbable that in the near future we may see established the "one portal" system of ushering students into their life work. This plan contemplates that preliminary and final examinations shall be taken from the control of schools and universities, to be conducted by a governmental board or council. Such a measure would not only correct the laxity which, under the present system in certain quarters, is a result either of indifference or of competition for patronage, but would quickly determine where the work of medical education is conducted with a view to results that are in conformity with the spirit of the age. Under such a regime competition would assume a different aspect. Among educational institutions there would arise a healthy spirit of emulation, whose sole object would be the attainment of high ideals in scientific teaching, and to suffering humanity would come the realization of what had hitherto seemed but the dream of an enthusiast.

The time has come when in the interest of the afflicted in institutions, the pathologist, who has been rightly called "the conscience and supreme judge of the surgeon," should have his duties clearly defined, and be clothed with full authority. To him, full of knowledge and without prejudice, should be assigned the work of the reviewer. By him the opinions and the policies of the clinician, and the methods of the operator should be approved, revised, or condemned. Hospitals, public or private, should be under the eye and watch of this most useful functionary, and without his endorsement, diagnosis and death certificates should be denied currency. The effect of such a measure would be to insure the exercise of closer, more conscientious scrutiny of work to be done, and to fix the responsibility for results where it belongs. Then will professional knowledge become more accurate, and medical and surgical statistics assume new values.

I am aware that there is difference of opinion as to the propriety of the establishment of a National Board of Health, but the subject is one of sufficient importance to warrant the appointment of a joint commission by the National Medical Association and the various State Medical Societies. Such a body would readily arrive at a correct solution of the question, and its recommendations would doubtless influence in large measure congressional action.

The attitude of legislative bodies toward the protection of children from improper and undue employment; the public disposal of sewage; the protection of water supplies; the conduct of quarantine; the prevention of the spread of infectious diseases, and many kindred topics, is directly within the control of medical organizations. It remains for such bodies to see that their ranks are kept fully recruited, and for individual members to be prepared to meet with evidence and argument each issue as it arises.

SHOULD VACCINATION BE MADE COMPULSORY?

By DAVID POWELL, M.D., Marysville, Cal.

Read before the California Northern District Medical Society.

While on a journey through the southern counties of England a few years ago, I stopped at a small town picturesquely situated near the meadowy banks of the Severn. This part of England, especially during the spring and early summer months, has many attractions. Leaving London and its smoke, and fog, and noisy streets, a few hours' ride brings the traveler to this quiet rural spot, where on every side blossoming fields of green and purple rest the eye, and the melody of lowing herds, mingled with the music of the milkmaid's song, greets the ear.

But aside from the landscape beauty of its surroundings, and the charming pastoral life of its people, there is associated with this little English village of Berkeley an additional attraction, an historical event, which to the physician is of more than ordinary interest. This was the birthplace of the greatest benefactor of mankind—the home of Jenner, who lived to see the “world so abundantly blessed through his labors,” and who, like Harvey, “conquered envy in his lifetime, and lived to see his doctrines everywhere established.”

It was while modestly practising his profession among these rustic dairy people that Dr. Edward Jenner discovered the antagonism between small-pox and vaccinia, and first conceived the idea of the protective influence against the former of the transmission of cow-pox from the animal to man. Repeated experiments proved the truth and importance of his discovery, and just one hundred years

ago he published the result of his investigations to the world—twenty years or more after he had become impressed with the immunity against small-pox enjoyed by the dairy people of his vicinity.

During the following year, Jenner's great discovery received the endorsement of the leading physicians of England, and vaccination, rapidly gaining in favor, soon became practised and its blessings recognized in every part of the world.

Previous to this time small-pox had been the greatest scourge of mankind. It is said to have prevailed in China centuries before the beginning of the Christian era, and from that early period down through all the ages, until the prophylactic power of vaccination was discovered, no other disease had wrought such destruction of human lives. The devastations of the plague which ravaged Europe in the fourteenth century, and which still prevails at intervals in Oriental countries cannot be forgotten; but it has been asserted upon unquestionable evidence, that "small-pox has destroyed a hundred for every one that has perished by plague." In many countries it had decimated their population, and in some, actually exterminated whole races of men.

Small-pox prevailed in epidemic form, and claimed numberless victims as early as the sixth century in Arabia, Egypt, and southern Europe. During the period of the Crusades it became wide spread, and subsequently caused frightful havoc among the inhabitants of England, Germany, Siberia, and elsewhere. In the early part of the sixteenth century, it crossed the Atlantic and spread over the American continent with unprecedented fury. In Mexico alone it destroyed over three millions of her people. It was especially fatal among the aborigines, exterminating whole tribes of the native Indians in both North and South America.

Later it invaded Iceland and Greenland, and these islands were soon almost depopulated. Referring to the ravages of this disease in England, during the latter part of the seventeenth century, Macauley says: "Small-pox, over which science has since achieved a succession of glorious and beneficent victories, was then the most terrible of all the ministers of death. The havoc of the plague has been far more rapid, but the plague had visited our shores only once or twice within living memory, and the small-pox was always present, filling the churches with corpses, tormenting with constant fear all whom it had not yet stricken, leaving on those whose lives it spared the hideous traces of its power, turning the babe into a changeling at which the mother shuddered, and making the eyes and cheek of the betrothed maiden objects of horror to the lover."

Such, in brief, was the history of small-pox up to the close of the last century, and before Jenner's great discovery had robbed it of its pestilential fury. And yet, in communities unprotected by vaccination, it is still as prevalent, and its victims are as numerous as in ante-vaccinal times. Among semi-civilized races, and in those countries whose inhabitants, through superstition and ignorance, reject vaccination, small-pox at the present time rages with all its former virulence.

The pioneer physicians of Sacramento will recall an epidemic of small-pox, attended by fearful mortality, which visited California during the early settlement of the State. Dr. Thomas Logan said that one in every three of those who contracted the disease at that time died. In his report as physician to the small-pox hospital at Sacramento, he said: "The primary and chief cause (of the epidemic) is inattention to vaccination. The large proportion of deaths that have occurred, especially in children and in a certain class of the floating population of California, particularly the Mexicans, South American, or California nativity, shows that the extensive prevalence of small-pox in our midst is not due to the failure of the anti-variolous power claimed for vaccination, but the neglect or absence of its protecting influence."

In a paper read at the Jenner Centennial Celebration, held in Atlanta, May, 1896, Prof. Foster quotes from Dr. Makena's account of an epidemic of small-pox in the Argentine Confederation from 1846 to 1847, "that swept with the wings of death over that enormous tract of country which extends from the sea-board of the Atlantic on the east to the Cordillera of the Andes on the west." Throughout this whole space it may be said that hardly a single house or ranch escaped its fearful visitation where the current of human intercourse reached, and such was its fatality that he had seen thirty children taken in one morning from the house of one quadra of a street 150 yards long. Whole families were swept away, and, in short, the terrors of the plague of former times were, if not surpassed, fully equalled by this horrible scourge." Continuing, he says, "but that which struck me as most truly remarkable was that no one of those English people who had been vaccinated at home, and who had large, deep, oval thimble marks on one or both arms, ever took the disease."

A recent number of the *Lancet* contains the report of Surgeon Hynde, of the epidemic of small-pox that broke out among the soldiers of the Congo Free State. There were 366 soldiers in the garrison; of these 158 had been vaccinated and only 2 took the disease,

neither of whom died; of the 208 that had not been vaccinated 105 took the disease, and among them the death rate was over 76 per cent.

In the transactions of the Pan-American Medical Congress, held in the city of Washington, in September, 1893, Dr. William M. Welch, whose position as physician in charge of the Philadelphia Municipal Hospital for Infectious Diseases, has given him exceptional opportunities for observation in this line, gives a statistical record of 5,000 cases of small-pox. Referring to the protecting power of vaccination, he states that it was not an infrequent occurrence in his experience to see on the one hand an unvaccinated person suffering from the confluent form of the disease, loathsome and offensive, with the final issue for several weeks uncertain, and on the other hand a vaccinated person undergoing a modified form of the disease, so mild and innocent in its character, as not to excite any apprehension for the safety of the patient. In the former case, if recovery took place, the individual was left disfigured for life, while in the latter, after a few months had passed, there was but little, if anything, in the appearance of the individual to indicate that he had ever suffered from the disease at all.

He had, time and time again, seen entire families brought to the hospital when all the unvaccinated children were suffering from small-pox and the vaccinated children unaffected; had seen the former perish, and the latter remain exempt from the disease, although living, eating, and sleeping in the infected atmosphere for several weeks, but never saw a single unvaccinated child escape the disease under similar circumstances. Continuing, he said, "I have more than once seen a vaccinated infant draw its daily supply of nourishment from a mother suffering from varioloid, and the infant remain as free from any symptom of the disease as if the infection were a thousand miles away, and the food were received from a most wholesome source."

Similar illustrations, almost without number, might be given to demonstrate the unquestionable utility of vaccination, and yet thousands of intelligent people, in the face of such incontrovertible testimony, deny its efficacy; absolutely reject all evidences of its beneficent power, and are deluded by exaggerated reports of its dangers. So strong, indeed, of late, has become this anti-vaccination sentiment, that the British Parliament recently passed an Act practically nullifying the compulsory vaccination laws of England. It seems almost incredible that England, the home of the great Jenner, should be the first country to discredit the value of vaccination.

Lord Lister declared the Act a "tremendous experiment," and acquiesced in its adoption only upon the understanding that a revaccination bill be proposed next year. Meanwhile, should an epidemic of small-pox sweep over that country, Parliament would be rudely awakened to a just sense of its responsibility, and to a realization of the warning words of Lord Lister and others, who earnestly opposed the measure in the debate upon the question in the upper house; for while it must be admitted, as Dr. Blackader, of Montreal, in a recent article on variola, says, "that since Jenner's discovery, small-pox has lost the prominent place it held in medicine, still recurring epidemics, from time to time, warn us that it has lost none of its power, and that careful vaccination is still imperative."

In 1889, the Legislature of this State passed an Act, entitled "an Act to encourage and provide for a general vaccination in the State of California." This law, which has been held valid by the Supreme Court, directs the "Trustees of the several common school districts of this State, and Boards of Common School Government in the several cities and towns, to exclude from the benefits of the common schools therein, any child or any person who has not been vaccinated until such time when said child or person shall be successfully vaccinated," etc, (Sec. 1, Chap. XXIV, Statutes of California.)

This Act does not, except in a limited sense, make vaccination compulsory. There is no penalty imposed for non-compliance with its provisions, other than exclusion from the benefits of the public schools; and even if the law were rigidly enforced, there would still remain a very large number of children unprotected, which would include (except such as voluntarily accepted vaccination) the children cared for at public institutions, those attending private schools, and every child under school age. But, defective as the law is, it is utterly ignored in almost every part of the State.

In order to ascertain to what extent its provisions are carried out, by the school authorities, I addressed a circular letter to the several Boards of Health throughout the State, requesting answers to the following questions:

1. Is the law, excluding from the benefits of the common schools of this State all children who have not been vaccinated, enforced in your city?
2. If not, give an estimate of the percentage of unvaccinated children attending the public schools.
3. In your opinion should the law be enforced?
4. If not, state briefly your objection to it.

From the answers received to these questions, I learn that for several years very little attention has been given to vaccination outside of San Francisco, Sacramento, Alameda, Oakland, Berkeley, Woodland, and Pasadena; and that in most of these cities the law is only partially enforced. In Berkeley, for instance, after a strenuous attempt made two years ago toward the rigid enforcement of the law, 15 per cent. of the children attending the public schools of that city are still unvaccinated; in Oakland about 5 per cent., and many are permitted to attend under a promise from their parents that, should an epidemic of small-pox threaten the city, their children would be kept at home—which, to say the least, is a doubtful expedient.

In Los Angeles, and in all the smaller towns throughout the State, the law is absolutely ignored, and no effort has been made since its enactment, toward a general vaccination of the children in attendance upon the common schools—from 50 to 80 per cent. of whom, according to the answers to the second question, are unvaccinated. Some localities report that no vaccination whatever has been done there during the past six or seven years, or since the last "small-pox scare." It may be safely estimated, therefore, that in addition to the unvaccinated children attending public and private schools, a very large number of those under school age are also unprotected. With such abundant material to feed upon, the prevalence and fatality which will inevitably attend the next outbreak of small-pox in California may well cause apprehension.

With three exceptions all the members of the medical profession whom my questions reached, gave an unqualified affirmative answer to the query, "Should the law be enforced?" In view of the fact that the benefits of vaccination are now so well established, and that the protection it affords against so contagious and loathsome a disease as small-pox is so potent, a negative reply from anything like a representative number of physicians would be inexplicable. And yet a few, more from a sense of policy than from any doubt of its value as a sanitary measure, are inclined to deprecate a vigorous attempt at compulsory vaccination. One answers, "With no small-pox in the State, no; if small-pox should show itself, yes;" and continuing says: "The law is a good one, but to enforce it would arouse serious opposition when there is no need apparent to the public, who would at once imagine the Boards of Health were standing in with the doctors." Another writes: "While it might be advisable to enforce the law in some localities, I do not think it would be advisable or practicable to enforce it here, on account of our immunity from epidemic diseases and consequent lack of interest in the matter."

From Los Angeles, where out of a total of nearly 17,000 children attending the public schools, only 5,621 are vaccinated, the Health Officer answers: "Where there is any small-pox in the vicinity, or neighboring cities or counties, yes; otherwise, no;" and states as his objections: "Vaccination is not always without danger—some physicians not careful to prevent mixed infection."

I will not say that there is no merit in the views expressed by these gentlemen, but their opinions, however plausible, still leaves the main question—the value and importance of vaccination—unaffected; and while the medical profession is practically unanimous in the opinion that the law relating to vaccination should be enforced, yet the school authorities in many localities hesitate to assume the responsibility of excluding from the public schools children whose parents protest, and refuse to comply with its provisions. It must be admitted that their attitude finds some justification in the widespread impression which prevails among the laity that serious local and constitutional disturbances, and even death, frequently result from vaccination.

In this connection the most important recent contribution is by Dr. Josef Körösi, Director of the Buda-Pesth Statistical Bureau, who lately published the statistics of 112,000 observations made with reference to the deleterious after-effects of vaccination. As a result of these observations he concludes that "even if any slight increase of mortality can be charged to vaccination in certain specified diseases, there should be placed to its credit a saving of life at least 300 times as great."

Among the diseases popularly supposed to be often conveyed to previously untainted persons through the agency of vaccination, are scrofula, tuberculosis, all sorts of skin eruptions and blood disorders, syphilis, chronic enlargement of glands, etc. For a full century vaccination has been extensively practised by every nation, and in every part of the world; and yet during all this time there has not been furnished any reliable evidence to warrant the belief that these diseases, or any of them, except in exceedingly rare instances, have ever been, by this means, communicated; and so far as the introduction of diseases of human origin is concerned, this objection is entirely overcome by the employment of bovine virus.

Like almost every other important discovery that has ever been made, it is not strange that vaccination should have its opponents; but it is astonishing to find, at this time, such profusion of anti-vaccination literature. In France and England especially, societies have been organized and journals are being published devoted to the

cause. In addition to the claim that vaccination introduces other diseases besides vaccinia, opposition to it is also based upon alleged "infringement of personal liberty." In answer to this objection, Dr. J. M. Toner, of Washington, has aptly said: "The question of the prophylactic power and safety of vaccination is so well settled, that the individual who fails to protect himself against variola by it, should be looked upon by the community with aversion, and treated as a nuisance (as he really is, so far as the social interests are concerned), and be compelled to submit to vaccination for his own safety and the protection of the community."

Parents and guardians have no more right to withhold or neglect to provide vaccination for the children under their protection, than they have to jeopardize the lives of their helpless infants by not furnishing them food or clothing. It is criminal to neglect either, as death may be the consequence; but the failure to provide protection against small-pox seems to be more maliciously wicked than to neglect either food or clothing, as the former may not only cause the death of the child, but may be the means of spreading disease and death among others; while the evil which arises from the latter ceases with the death of the victim."

It would not be profitable to discuss the numerous objections that have from time to time been advanced against vaccination. The errors upon which most of them rest have been repeatedly exposed; and many of them are not worthy of consideration. Among the latter may be regarded M. Carnot's theory of "displacement of mortality;" in which he attempted to show that while certain diseases, including small-pox, were decreasing, other diseases, such as typhoid fever, cholera, etc., were increasing; that the births were tending to become less in number than the deaths; that the depopulation of France was an imminent danger, and that vaccination was the cause of all this disturbance.

Carnot's speculations have often been quoted by the anti-vaccinationists, but the fallacy of his conclusions have been as often exposed.

With this cursory review of the advantages of vaccination, contrasted with the dangers charged against it, and some of the grounds upon which it has been opposed, I will ask the attention of the Society to a brief consideration of the subject of legislation; *i. e.*, Should vaccination be made compulsory by statutory provision? Among a free people who are governed by an enlightened self-interest, and who are actuated by an intelligent conception of measures best calculated to promote the general welfare of the community,

compulsory laws relating to matters which affect the personal privileges of the individual, do not always accomplish the purposes contemplated in their adoption (however commendable those purposes may be), are sometimes unpopular and therefore difficult to enforce, and often provoke distrust and obstinate resistance.

This is not infrequently true of the most wholesome measures enacted for the promotion of the public health, and of all sanitary regulations. And so there are, in every community, many conscientious citizens who, not realizing the necessity and importance of mandatory sanitary laws, chafe under the restraint they impose, and strive to throw every obstacle in the way of their administration; yet it is not an unreasonable position to assume that no person "through ignorance or prejudice should be allowed to contravene the public welfare."

The benefits of compulsory vaccination laws have been abundantly demonstrated in every country where they have been adopted and efficiently enforced. The mortuary statistics of England show a striking decrease in the mortality from small-pox in that country since vaccination was made obligatory by act of Parliament, in 1853. In the Bavarian army, where vaccination was compulsory, there was not a single death from small-pox, nor a case of unmodified small-pox from 1843 to 1857. In Zurich, Switzerland, in obedience to popular clamor, compulsory vaccination was suspended in 1883. The deaths from variola, out of 1,000 deaths from all causes for the previous two years, and that year had been—in 1881, 7; in 1882, 0; in 1883, 8. After compulsory vaccination had been done away with, the deaths rose in 1884 to 11.45, in 1885 to 52, and in the first eight months of 1886 to 85 per 1,000.

The *Philadelphia Medical Journal*, September —, 1895, published the following under the head of "Foreign News and Notes:" "According to the latest official reports, the total number of cases of small-pox in Germany during 1896 was 92, and of which 10 were fatal. The cases occurred along the Russian and Austrian frontiers. We commend this record to our American and English readers as an excellent commentary upon the wisdom of thorough compulsory vaccination, and as one in marked contrast to those presented by Austria and Italy, in which countries the vaccination laws are much less rigidly enforced than in Germany. In Austria there were 2,663 cases, with 410 deaths; in Italy 9,036 cases."

It would seem that to every unprejudiced reader, statistics such as these should be very conclusive; and that they prove beyond question the wisdom of enacting a general law making vaccination com-

pulsory. It is true that much can be accomplished in the limitation of the spread of all contagious diseases by the persistent and well directed efforts of the health authorities. The Michigan State Board of Health, since its organization in 1873, by the frequent and timely distribution of pamphlets, and printed leaflets among the people, setting forth the benefits and protecting power of vaccination, has been instrumental in effecting an annual reduction in the mortality from small-pox in that State, of 6.62 persons per 100,000 inhabitants; but during that time the rigid enforcement of a compulsory vaccination and revaccination law would have largely diminished even that low mortality, if it did not effect a complete elimination of the disease from within the boundary of the State.

After a careful consideration of the subject, therefore, I am forced to the conclusion that vaccination should be made compulsory; that a concerted effort should be made to procure during the next session of the Legislature the enactment of a law providing for the vaccination of every child in its infancy, and revaccination at least once before the age of puberty, with a penal provision sufficiently exacting to insure compliance therewith.

But here two important considerations arise: First, the State has no right to demand that a parent should subject his child to be inoculated with a virus, the purity and genuineness of which she is not prepared to guarantee; and second, if made compulsory, ample facilities should be provided for gratuitous vaccination among all who may so desire it. The enactment of such a law would, therefore, make it incumbent upon the State to establish and maintain at public expense a vaccination farm, equipped with all necessary modern, scientific appliances, and conducted under the immediate control and supervision of the State Board of Health.

A vaccine station operated under such auspices would enable the State to assume legal responsibility (as it rightfully should) in the propagation and distribution for public and private use at a minimum cost of an active and reliable virus of known strength and purity. Meanwhile, the several local Boards of Health throughout the State should urge upon the school authorities the importance of the rigid enforcement of the present law. In the event that the Legislature fails to pass a compulsory law, the present Act should be amended by the addition of a clause requiring satisfactory evidence of successful vaccination of every child upon admission to private as well as public schools, and to all asylums or institutions for the care of children.

TOO MUCH GYNECOLOGY.

By GEORGE B. SOMERS, M.D., San Francisco, Cal., Lecturer on Gynecology,
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Read before the San Francisco Medico-Chirurgical Society.

The following letter was received from a clinic patient who applied once for treatment. She was advised to return, but instead, wrote as below:

SAN FRANCISCO, CAL., Sept. 14, 1898.

DR. SOMERS.—*Dear Sir:* I was not able to get up this morning early enough to be at Cooper College by 9 or 10 o'clock. I feel so miserable in the morning, that I generally stay in bed until 10 or 11 o'clock, sometimes later; indeed, I feel so sick and am in so much pain, that I feel I cannot keep up much longer. I ought to be in a hospital this minute, but I hate to accept services and care free, but I fear my suffering will compel me to do so. Now, doctor, I feel that you know what kind of an operation to perform to relieve my suffering to a great extent, even though it should not prove a complete cure, but I am not able to pay hospital charges, and it would do me no good to go to a clinic for treatment. In my case all so-called treatment (such as applying Churchill's tincture of iodine and glycerine, nitrate of silver, caustic, etc., to the diseased lining membrane of my uterus), has failed long ago to even relieve, to say nothing of the failure to cure. Now, doctor, endometritis existed in my uterus before any laceration occurred to the cervix or mouth, the advisability of freshening up the edges and sewing that little laceration has been thought and spoken of by several physicians of your standing, and they all come to the conclusion that as the laceration did not extend into the muscles, that it was not the cause of the inside inflammation and enlargement of the uterus, and consequent prolapsus of the same. Now, doctor, you know as well as I do, that my womb is full inside, that is, the lining membrane is inflamed (with all that implies) away far up into the uterus, perhaps clear up to the fundus, but at any rate the whole length of the neck to the entrance of the main body. Now, doctor, a surgeon of renown, said, three years ago, that the cause of the inflammation and consequent weight and soreness was due to the malposition. He said that if the uterus were put up in place and held there, that the circulation would be better and the soreness and unnatural weight would leave. Now, on the other hand, I had a physician of equal renown tell me that the malposition was due to the diseased lining membrane, which caused the organ to become sore and enlarged to such an extent that the ligaments could not hold up the menstrual weight, and that the neck should be severed or amputated from the body, bringing the flaps together so as to protect the entrance to the body from the danger of air entering the uterine cavity, also from other injury. Now, doctor, what and who am I to believe? You have not expressed a decided opinion as yet. I fell on the end of my spine about 20 years ago, and jolted the uterus down and it would

never stay up in place since. So it looks to me as if the long continued malposition caused by the fall (the uterus being somewhat heavy, congested at the time of fall) is the prime source and fault. Yours respectfully, MRS. ———.

This letter came to me as a revelation. It opened my eyes to a danger in gynecology which I had not thoroughly realized. It points to several things concerning the relationship between a physician and his female patients, which deserve careful analysis. The writer of the letter is plainly the victim of too much gynecological tinkering. Her easy familiarity with medical terms, therapeutic agents, and surgical procedures, show long experience in the hands of gynecologists. Her attention has been fixed upon her pelvic organs by the discussions and explanations of her medical advisers. Every word has burned itself deeply into her mind. She is certainly suffering from a displacement which is worse than she or any of her medical advisers have realized. Instead of a retroversion, she is suffering from "womb-on-the-brain."

It appears to me that this condition of things is directly due to faulty relationship between the physician and his patient. It shows either bad management or failure to allow for the psycho-neurotic element which exists in nearly every female patient.

When this woman presented herself at the clinic, an examination showed the presence of certain conditions which commonly follow parturition—subinvolution, slight retroversion with some prolapse, a lacerated cervix, a relaxed vaginal outlet, and subacute endometritis. To enumerate these conditions, with their high sounding names, makes a formidable array of symptoms, and no wonder a woman should be thrown into despair on hearing that she had them all.

I believe that a part of the success of many gynecologists is due to the skilful use of these descriptive words. The letter well illustrates this point and shows the influence of words on the woman's mind. According to her statement, one physician had told her that the malposition was due to the diseased lining membrane of the uterus, and another had said that the diseased lining membrane was due to the malposition, and she knows not which to believe. She is evidently puzzling her brain over the meaning of the words and the apparent contradictions.

The commonly accepted ideas as to the close relationship between pelvic disease and general ill-health, are open to criticism. The symptoms above mentioned are not in themselves sufficient to render a woman an invalid. They may give rise to pain and discomfort,

but not necessarily. It is a well known paradox that two women with exactly the same pelvic diseases, as far as the means of examination can reveal, and even suffering from any or all of the above named conditions, will present opposite symptoms. One will be involved and the other will never know she is hurt until she is told. It is often easy to trace the beginning of a woman's ill-health to the time when she discovered, accidentally, that there was something wrong with her generative organs.

These facts suggest the necessity of at least a working familiarity with several of the psycho-neuroses, in diagnosing the condition of a woman who seeks gynecological treatment. Among them may be listed hysteria, neurasthenia, hypnosis, monomania, mental therapeutics, the reality of the reflexes, and the value of pelvic pain as a symptom. These subjects must be understood and one or more of them granted as possible factors in almost every gynecological case. They must be eliminated or their influence weighed, before we can make a satisfactory estimate as to how far any pelvic lesion discovered may be the cause of a woman's complaints.

About the first question to be settled is concerning pain as a symptom. A woman is ready to believe that any or all pain, no matter where located, may be traced to the pelvic region. She feels instinctively, that her reproductive organs are those, above all others, for which she exists, and needs little persuasion to believe that they are the cause of any discomforts she may feel. This disposition to center her life about her reproductive function is the key-note of diagnosis in diseases of women.

The relations of pain may be summed up somewhat as follows: In many cases pain is directly due to local disease, and the severity is sufficiently explained by the condition found. In many other cases the amount of pain is out of all proportion to the local trouble. Here allowance must be made for nervous factors. Again, cases are frequently met where pain, discomfort, and invalidism occur, where all symptoms point directly to the pelvic cavity, and yet where the most careful examination reveals nothing pathological. Finally, we often have the most serious pelvic diseases existing (notably cancer) without causing any particular inconvenience. These facts force us to analyze pain as a symptom very clearly. In the absence of other symptoms, it is certainly not sufficient justification for serious operative interference, unless its nervous origin can be eliminated by a fair trial of various forms of mental therapeutics.

The hysterical element is sometimes hard to discover, but when found is of great value in guiding treatment. It complicates many

diseases, and leads to serious errors in diagnosis. When it occurs in conjunction with organic disease, it is very likely to be overlooked, and if undiscovered may lead to serious errors. To distinguish it in the presence of other disease is most difficult, and yet it may often be detected if looked for. For instance, hysteria may exist in conjunction with a fibroid tumor of the uterus. Alone the fibroid perhaps would not justify interference because of its benign course. But with hysteria complicating it, the symptoms might be attributed to the tumor rather than to the psychic course. Many capital operations are performed where the only disease present is hysteria simulating something else. It is probable that all of the wonderful cures reported by homeopaths, osteopaths, and Christian scientists occur among the hysterical. In order to avoid mistakes, it must be remembered that hysteria is one of the commonest diseases in women. If discovered, it may lead to much glory in effecting a brilliant cure. If undiscovered, it may lead to the humiliation of seeing a brilliant cure performed by some irregular.

Neurasthenia does not complicate pelvic disease as frequently as hysteria. Yet it is distinctly present in many cases, and is often the only possible explanation of the symptoms presented. It occurs mostly in women after the change of life, and shows itself among other ways by an irritable condition of the vulva, bladder and rectum. It is distinguished by an entire absence of psychic symptoms. The patient is able to give a clear account of her troubles, but shows nothing morbid or hypochondriacal in her complaints. I have noticed irritability of the urethra as a frequent symptom in these cases. The mistake may be made of attributing these symptoms to cystitis or an urethral caruncle.

The influence of hypnosis, or suggestion, may be detected by careful questioning. It is certainly one of the commonest complications in diseases of women. It is a morbid introspection started in a large proportion of cases by meddlesome women who delight to gossip about their own complaints and the complaints of others, and are ready to suggest the uterus as a possible source of trouble. The physician is also responsible for the condition in so far as he reveals disease without being able to offer a cure. It is shown in cases where the mental worry over pelvic disease is the most prominent symptom, and where the complaints are out of all proportion to the extent of the disease. These patients will confess that they are unable to tell when they are cured by treatment, but depend on the assurance of the physician. They are satisfied, and to all intents and purposes are cured after a course of treatment if given the assurance that they

are all right, though the attending physician may be unable to see any changes as the result of his efforts.

The writer of the letter, quoted already, probably first started on her course by influence of this kind, whether originating from her own investigation, or from the suggestion of friends. Her consultations with physicians fixed her ideas of pelvic disease, and she gradually passed on to a condition of monomania. To cure such a case would need much more than simple suggestion. Whether her discomfort be due to the local condition or not, an operation would be necessary to lift the womb off her brain. Instances where abdominal sections, without further interference, have cured symptoms (not tubercular) are quite common.

As for the various reflex symptoms, these have always been the principal stock in trade of the specialists. To call into question the reality of the reflexes as symptoms of organic disease, is to stir up a hornet's nest. All the specialists maintain that there are certain reflexes peculiar to their own domain, but as a matter of fact there are not enough reflexes to go around. It is becoming a question of ownership. Who, for instance, owns the reflex headache? The oculist, the rhinologist, the gynecologist, the stomach-worker, and several others claim it. In hunting for reflexes the specialists invade each other's territory shamelessly. The rhinologist, for instance, has found a reflex in the genito-urinary organs. As an example, A. S. Hobbs reports several cases of priapism connected with vasomotor disturbances of the nose. As a matter of fact the reflexes as evidences of organic disease are gradually passing into oblivion. They are being classified where they belong, as the understanding of the various neuroses and psycho-neuroses becomes clearer. For gynecology, at least, it may be said that the reflexes are rarely directly due to disease of the sexual organs.

In the management of gynecological cases, I believe that the foregoing points should always be taken into consideration. Examinations should be made with the greatest care, and with the express idea of finding out how far the cause is local, and how far general. This is a matter of diagnostic skill. The best gynecologist is the best diagnostician; and the good diagnostician should see something else than reproductive organs when examining a woman. The amount of treatment given women for so-called pelvic disease is astonishing. It seems hardly possible that a woman will submit to tamponing and applications of astringents for week after week, and month after month, without protest. Yet this kind of tinkering forms the bulk of the work done by gynecologists to-day.

Operative gynecology is in even a worse condition. Protests against the enormous amount of mutilating surgery on women are rising in every direction. Ovaries are removed and repairs and replacements done, not because of symptoms demanding interference, but simply because the condition gives an opportunity for doing something.

I believe that, after a gynecological examination, the utmost care should be taken in expressing an opinion. A diagnosis of displacement, laceration, or invalidism should not be made unless its causal relation is evident, and unless a clear and a reasonably certain plan of treatment can be offered. To give a diagnosis without relief is to do a serious injury. It affects the woman's mind, and keeps her in a state of invalidism until some radical measure is carried out.

Furthermore, I believe that one of the most injurious features of gynecology is long continued local treatment. This is as much the cause of gynecologist invalidism as anything else. The long course of treatment fixes the idea of uterine disease firmly on the woman's mind, and she cannot forget it, even after she has ceased treatment. Every bilious attack or cold will at once direct her attention to the uterus, and she believes that all her ills are due to that much-abused organ. Unless something else than a long course of treatment can be offered for pelvic disease, the case would better be left alone.

Finally, I believe that not nearly enough attention is paid to mental therapeutics by regular practitioners in treating women. This is certainly the strong element of homeopathy, osteopathy, and Christian science; and we cannot deny that these irregular modes of practice meet with a certain amount of success. Their principles, however, do not appeal to thinking persons. They make use of partial truth in affirming the influence of the mind over disease, but the practical application in the various schools is marred by crudeness and superstition.

A little thought will show that all the strength of mental therapeutics lies within the grasp of the regular practitioner, when he appreciates the influence on mind and body of encouragement associated with environment, travel, change of climate, hygiene, exercise, life at the various health resorts, etc.

123 Ellis street.

DEPARTMENTS.

OBSTETRICS, GYNECOLOGY AND PEDIATRICS.

By WALLACE A. BRIGGS, M.D., Sacramento, Cal.

The Painless Treatment of Cracks in the Nipples.—At a recent meeting of the Obstetrical Society, a paper was read by MM. MAYGRIER and R. BLONDEL, upon the Treatment of Forty Cases of Cracked Nipples at the Charité Hospital. They had dressed the cracks with orthoform, which brought about complete anesthesia during suckling and kept the cracks aseptic. The application of the powder causes only slight smarting. The infant was put to the breast a quarter of an hour afterwards, and sucked eagerly, as orthoform has neither taste nor smell. The anesthesia persists for some time. MM. Magrier and Blondel made trial of orthoform powder alone, or orthoform followed by a moist dressing of boric acid, and finally with a strong alcoholic solution of orthoform dropped into the cracks. They considered this last method the best, for it caused no more initial smarting, but it quite did away with infection of the breast, probably because the solution was able to penetrate into the recesses of the fissures.—*Lancet*.—*Medical and Surgical Review of Reviews*.

Prolonged Diphtheria.—GOLAY (*Rev. Méd. de la Suisse Rom.*) publishes a case of diphtheria which, as regards the persistent presence of Loeffler's bacillus, lasted over 362 days. On March 11, 1896, the illness began; after an injection of antitoxin, the membrane had almost vanished on the 16th, and the child seemed quite well. Up till August 6th virulent cultures of the bacillus were obtained (twenty-five examinations), at first pure, afterwards along with streptococci. From then till September 2d, cocci predominated, but a few short bacilli, proved experimentally to be diphtheritic, were present also. On September 1st there was an acute relapse, with patches on the tonsils and *B. diphtheriæ* in pure culture. By September 4th, after an injection of serum (the third) the child was again cured clinically. On September 10th no bacilli was found microscopically, and the cure was thought to be complete (just six months from the beginning), and no more cultures were made. However, on October 22d, there was another acute relapse, and the short bacillus was present with streptococci. By October 28th nothing could be discovered under the microscope, and the patient, a boy aged 5½ years, was again looked upon as cured, and no further cultures were made till February 5, 1897, when there was a third acute relapse, when short bacilli and streptococci were found. These persisted after a fourth injection of serum till March 9th. From then till September, 1897, the child kept well, but, as the parents would not consent to any more bacteriological examinations, it is doubtful if he was finally cured even then. Golay thinks there can be no doubt that bacilli were never really absent. He concludes from this and other cases that: (1) A fortnight's isolation after the disappearance of the false membrane, as advised in standard works, is totally inadequate; not till three or four examinations at intervals of a week have proved the complete absence of bacilli can cure be considered permanent. (2) The presence of Loeffler's bacillus between the attacks of angina does not alter the general health. (3) The prolonged presence of diphtheria bacilli after the disappearance of membrane is the rule rather than the exception, but probably this period is not so prolonged when there is an associated streptococcus infection. (4) Local treatment should be abandoned entirely, as its

only use is to torture the patient. In the case given above a good number of local applications recently recommended (by Loeffler and others) were tried thoroughly without the slightest effect.—*St. Louis Medical and Surgical Journal*.

Gastric Origin of Rickets.—A French observer claims that rickets in children is due to abnormal conditions of digestion; that the secreting function is extremely defective, as well as the quality of the secretions; and that there is especially a lack of free hydrochloric acid. The organism suffers from the want of properly digested nourishment, and the stomach is the seat of abnormal organic ferments generating acids, principally lactic acid, which affect the bony tissues unfavorably, especially as respect the phosphates.—*Medical Press and Circular*.

A Positive Case of Sounding of the Fallopian Tubes.—DR. F. C. FLOECKINGER (*Centralb. f. Gynäk*), having occasion to perform a laparotomy for tumor on a young woman, experimentally passed a sound into the uterine cavity and beyond, a depth down to the handle of the instrument. On opening the abdomen he was able to convince himself by sight and touch that the sound had passed into the left Fallopian tube. He was able to pass the sound into the opposite tube.—*Post-Graduate*.—*Clinical Journal*.

Cocaine in Placenta Previa.—MR. COLLINGWOOD FENWICK reports the following case: E. H—., aged twenty-seven, a multipara, summoned me early one morning to see her, as she was "flooding." She was seven months pregnant with her second child. On vaginal examination the edge of the placenta could be reached through the os (the latter about the size of half a crown); the head could be felt above. The membranes were intact. The labor pains were very feeble owing to the severity of the hemorrhage. I decided to empty the uterus without delay. I painted the os with a 10 per cent. solution of hydrochlorate of cocaine, and plugged the cervix. The plugging, however, being ineffectual, digital compression was tried on as much of the bleeding area as the finger could reach. In forty minutes Champetier de Ribes's bag could be introduced and inflated, and regular traction made upon it. From the time of its introduction until the delivery of the placenta not half an ounce of blood escaped. Ten grains of sulphate of quinine in hot tea assisted the strength of the pains, which were very feeble, and, on the expulsion of the bag, to draw down the advancing head after rupturing the membranes was a simple, rapid, and easy termination of the case. The placenta was expelled at the same time as the child—a boy, at present alive. In 1893, when Resident Assistant Medical Officer at Fulham Workhouse, I used suppositories of cocaine upon upwards of three hundred pregnant women admitted to the lying-in wards of that institution, and I was much struck with its action, but have never seen greater benefit accrue from its use than in the present case.—*British Medical Journal*.

SURGERY AND ANATOMY.

By T. W. HUNTINGTON, B.A., M.D., San Francisco, Cal., Lecturer and Assistant in Clinical Surgery, Medical Department University of California, and

GEO. B. SOMERS, M.D., San Francisco, Cal., Lecturer on Gynecology, Cooper Medical College.

Absorbable and Non-Absorbable Suture Material.—DR. S. C. GORDON, in the *Journal of Medicine and Science*, summarizes an article on the above topic as follows: (1) All suture material unabsorbed must necessarily have more or

less exudate about it. (2) Such exudate is of lower vitality than normal repair where tissues are just approximated and not strangulated. (3) A few days only are necessary to insure repair if there be no infection, and, therefore, in cases where no great amount of strain exists absorbable sutures are needed. (4) Where continued strain on the parts is inevitable, non-absorbable sutures should be used for at least two weeks, but should be so placed as to be removed. (5) For such sutures the silkworm gut seems to be the best, as it can be made sterile and kept so. (6) For all other purposes catgut is sufficient. (7) Inflammation is always destructive to complete repair. (8) Inflammation is always due to infection. (9) Sterile catgut, or kangaroo tendon, should, therefore, fulfil all indications for suture or ligature material, with exceptions named.—*St Louis Medical and Surgical Journal*, December, 1898.

Preparations of Silver Used in Surgery.—CREDÉ determined by a series of experimental researches that bacterial secretions acting upon silver and entering into combination with its oxides are organic acids, principally lactic acid, and that the antiseptic which an infected wound when dressed with metallic silver generates of itself is lactate of silver. The following preparations of silver are used: (1) Pure metallic silver. If a Petri plate containing agar-agar be infected with staphylococci pyogenes, or other germs, and a small piece of silver foil be placed in the center, a zone of considerable extent about the metal will remain free from any growth. The area of "no growth" is larger than with any other metals tested. (2) Solution of metallic silver. Distilled water was found to dissolve pure silver. The resultant brown fluid is not only non-irritating, but free from any toxic effect. Silver gauze is prepared by soaking ordinary thin muslin in a strong solution of metallic silver. (3) Lactate of silver. A white, odorless, almost tasteless powder—unchanged when kept in dark bottles. Soluble 1 in 15 of water or albuminous fluid. Non-irritating except on special sensitive tissues, and then in powder form. At times there may be some slight burning sensation with a strong solution. It has been proved to kill the streptococci and staphylococci in five minutes in the strength of 1 in 1,000 of water. (4) Citrate of silver. Light stable powder, odorless (non-irritating), and like lactate in antiseptic power. Causes no burning sensation, and is less soluble (1 in 3,800 of water) than the lactate. All germs ordinarily met with in connection with wounds are killed in ten minutes by an aqueous solution of 1 in 4,000. Solutions of 1 in 4,000 to 5,000 are used in irrigating wounds.—*Medical Record*, October 15, 1898.

After-Treatment of Cases of Abdominal Section.—The following excellent points are taken from an article by MR. CHRISTOPHER MARTIN: *Prevention of Complications.*—It is a wise rule in abdominal surgery, as in other mundane affairs, to let well enough alone. If the case be progressing favorably, if the patient have no bad symptoms, be content, be thankful, and avoid fussy interference. You can hardly make her any better, and you may make her a good deal worse. *Posture.*—It is cruel to keep a patient in one position too long. I let my patient lie in any attitude that is most comfortable to her, and allow the nurse to turn her from time to time. *Dressings.*—The dressing should be as simple as possible. The aim should be to keep the wound as dry and clean as possible. Wet dressings are an abomination; they simply promote suppuration. At one time I used to dust my wounds with boracic acid powder, but do so no longer except in septic cases, when I use iodoform freely. *Sutures.*—For the abdominal wall I think silkworm gut an ideal material. I do not like buried

sutures, and therefore now never suture the abdominal wall in layers. Catgut dissolves too soon, and silk is apt to become infected, causing abscesses and sinuses. I have tried buried sutures of silkworm gut, but found that the wire-like ends pricked and worried the patients, and the sutures frequently work out months after the operation by a process of quiet suppuration. I now invariably use silkworm gut, applied as an interrupted suture passing through the whole abdominal wall. I leave the stitches in for 12 or 14 days, and sometimes longer. *Drainage.*—Five or six years ago my rule was, "When in doubt drain." Now it is, "When in doubt don't drain." *Dietary*—The custom of depriving a case of food and drink for 48 hours after an operation is unnecessary and harmful. I seldom keep a patient more than six hours without fluid. I start by giving her some bland fluid, such as barley water, flavored with lemon, and of this I allow a pint during the first 24 hours. I never give oil. The early administration of fluid does good, for it diminishes shock and restlessness, and fills the depleted blood-vessels.—*Medical Press*, November 21, 1898.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M.D., Sacramento, Cal.

Ocular Evidences of Hysteria.—DR. CASEY A. WOOD reports a number of cases of hysteria in which he studied the ocular symptoms, and gives his views of the importance of the various ocular manifestations. He says that probably the most important hysterical eye-signs are anomalies of accommodation of the ciliary muscles. In hysterical spasm the eye acts as if it were under the influence of pilocarpine or eserine. The accommodative range is limited at both ends, and the patient reads or does other near work with difficulty; for these reasons the condition has been called hysterical insufficiency of accommodation, ciliary hyperesthesia, ciliary paresis or paralysis, and painful accommodation. Any degree of spasm may be present. The near and the far points may approach or even coincide, and the patient reads fine type nearer the eye than usual, or at a fixed point. This, when it occurs, may be regarded as conclusive evidence of hysteria. As a rule there is marked, but incomplete, spasm of accommodation—the near point for distinct vision being always nearer the eye than normal. Hysterical spasm of the ciliary muscle usually produces false myopia and hysterical near-sightedness for distance, which, just like the axial variety, is improved by concave glasses. If there is doubt in regard to the character of this short sightedness, atropine instilled into the eyes for a few days will disclose the true refraction. Hysterical amblyopia may be so marked that the patient has to be led about the room, or, more usually, it may pass unnoticed by the patient. It is not improper to regard the visual defect as due to anesthesia of the perceptive elements of the retina in correspondence with that loss or perversion of sensation exhibited by the skin and mucous membrane in other phases of hysteria. The visual field will be found contracted. The predominant peculiarity of hysterical contraction of the visual field is that, while in every other disease where peripheral limitations occur, the color-field is affected equally or in greater proportion than the field of white; in hysterical amblyopia the field is less affected for colors than is the field for white, just the reverse of that which obtains in other nervous affections. Blepharospasms are also a common hysterical symptom. Monocular diplopia is another curious hysterical phenomenon—probably the result of ciliary spasm—that may be developed in many hyteropes. Photophobia is a common experience in hysteria.

Most observers regard ring scotoma as presumptive evidence of hysteria. Anesthesia of the palpebral skin and ocular conjunctiva are usually found when hemianesthesia is also present, or where the pharyngeal reflex is wanting or dulled. Pseudo-paralytic ptosis is another hysterical stigma. The author draws the following conclusions from his study of the subject: (1) Most cases of hysteria present well-marked, easily detected eye-signs and symptoms. (2) A few ocular symptoms, such as reversal of the relation of the color-fields and the field for white, the tonic form of blepharospasm, spasm of accommodation and convergence, and pseudo-paralytic ptosis may be regarded as pathognomonic of hysteria. (3) Defects of vision (in the absence of refractive errors, accommodative anomalies, and fundus lesions) are, generally speaking, hysterical if accompanied by photophobia and any form of blepharospasm. (4) No examination of a patient for hysteria should be regarded as complete without considering the condition of the ocular apparatus. (5) Where there is no conclusive external evidence of the neurosis present, the perimeter should be carefully used, the range of accommodation should be noted, and the ophthalmoscope employed. (6) It should always be remembered that ocular hysteria is common in children and men. (7) Organic disease (traumatism especially) of the eye may accompany purely functional disturbances of that organ.—*American Journal of Medical Sciences.*

DERMATOLOGY, SYPHILIS AND VENEREAL DISEASES.

Syphilis.—At the Société de Thérapeutique, M. MAURANGE said that he had been in the habit of treating syphilis by intra-muscular injections of artificial serum containing two grammes and a half of corrosive sublimate per litre. He injected four grammes of the solution every two days and found it to act very well; he never met with a case of stomatitis or diarrhea as the result of the treatment. M. Chéron made some remarks on the same treatment which he had adopted for the last three years. The quantity that he injected was much larger (twenty grammes), but he renewed it only once a week. His patients accepted readily these injections, and he never met with any serious accident from their employ.—*Medical Press and Circular,*

Koplik's Spots, an Early Symptom of Measles.—During the early days of measles, KOPLIK directed attention to an eruption occurring in the mouth, consisting of shining red spots, in the center of which minute bluish-white efflorescences are present. SLAWYK, who revives the discovery, claims that Koplik's spots are absolutely reliable as an early indication of the disease. In an epidemic studied by Slawyk, the spots appeared on the mucous membrane of the cheek and occasionally on the lips. Usually they are few in number. For their detection, a bright light is necessary. They are invisible in a yellow light. They are isolated and never confluent. They may be picked off with forceps without pain or bleeding, and consist, under the microscope, of masses of epithelial cells in a state of fatty degeneration. They do not occur in other affections and whenever they were observed, the eruption of measles followed. The spots appear on the first or second day of measles and increase in numbers up to the time of the exanthema. They are unattended by discomfort.—*Deutsch. med. Wochenschrift,* April 28, 1898.

Varicocele as a Cause of Impotency.—In an article on the "Influence of Varicocele on the Sexual Power," MR. CAMPBELL WILLIAMS says (*Clinical*

Journal): Though a varicocele may certainly influence the activity of the sexual power through a decreased oxygenation of the testicular substance, it causes no further mischief in the organ. I have never seen nor do I know any one who has met with a case of atrophy of the testicle from this cause, and I therefore doubt the accuracy of this text-book statement. From what has already been said it will be gleaned that the relief of this state of "debilitated sexual power" rests in the *treatment of the varicosed pampiniform plexus*. Treatment by means of a suspensory bag, whilst it may succeed in relieving the patient to a certain degree, does not have the same permanent result that follows an excision of a portion of the veins. It may alleviate a prostatic gleet which is so frequently met with in the subjects of varicocele, but it does not effect a renovation of the sexual functions in the same way the operation does. The following fact has been communicated to me by patients spontaneously. They have noted how much their virile powers have increased after an excision of the varicosed veins, and how they had been enabled to fulfil marital duties in a manner that formerly was impossible. In the case of a large varicocele with sexual debility, in which palliative means had failed to relieve other than the symptoms of weight and pain, I operated in the hope that excision might, whilst curing the former, benefit the genative state as it had done in other instances. The result was that the patient was sexually rehabilitated. One feels a certain amount of trepidation in advocating an operation for a sexual condition alone, for fear that it might descend to the domains of charlatanism, and perchance be needlessly foisted upon a patient whose powers of imagination or fear had been unscrupulously worked upon. But at the same time I am convinced by experience, observation, and *facts*, that it does restore the sexual power when all other means have failed, and that in certain cases it is the best course to pursue in the interest of the sufferer.

The Spread of Venereal Diseases.—There is no greater anomaly in the whole of our curiously mixed social administration, says the *Medical Press and Circular*, than the way in which venereal diseases are allowed to flourish unchecked. From a logical point of view, the exact position of that class of maladies is clear enough. They form a well defined and deadly group of the great family of communicable diseases. As regards many of the specific infectious diseases, as a community, we have taken up a strong attitude, and have assumed the right of control over the individual in the interests of the many. The results of that action are recorded in the brilliant annals of preventive medicine. Nevertheless, at the end of the nineteenth century we leave severely alone the most loathsome and insidious of communicable diseases. Some 30 years ago an attempt was made to deal with the question by the passing of the Contagious Diseases Act. That measure, however, was so imperfect that the repeal that overtook it in 1886 might almost have been foretold. It applied, for instance, to certain towns only, it controlled one sex alone, and it placed the possibility of terrible abuses in the hands of the police. Yet Great Britain enforces a modified Act in India, and it may well be asked in the name of reason and common sense why the same thing should not be done at home. The sooner the whole question of venereal disease is treated purely and simply as a health matter, and quite apart from its moral aspects, the better for the national welfare.

MATERIA MEDICA AND THERAPEUTICS.

By WM. WATT KERR, M.A., M.B., C.M., Professor of Clinical Medicine, University of California, San Francisco.

The Treatment of Sciatica.—E. RADZIKOWSKY (*Vratch.*) has obtained excellent results by the local application of muriatic acid in a series of cases of sciatica. He proceeded in the following way: The chief seat of the pains and all the other painful points along the course of the nerve and its branches are marked with a pencil, and a strong solution of muriatic acid applied. During these manipulations and for some hours afterwards the patient is kept in a horizontal position on his stomach. The effect soon showed itself in a great afflux of blood to the parts where the muriatic acid had been rubbed in, the tissues around the congestion being somewhat edematous. After the operation the patient was usually given a hot bath, which was well borne, and attended by great relief of the pains. As soon as the patient left the bath the parts were wrapped up in a soft, simple dressing. Beyond the formation of vesicles at the seat of application, and in a few cases the presence of an inflammatory condition of the upper layers of the skin, no ill-effects were observed; the vesicles quickly disappeared. The applications were usually repeated on the third, fourth, or fifth day, the average duration of treatment varying from four to thirty-five days. Marked diminution of the pains very frequently followed the first application, and their complete subsidence, even in cases of very old standing, ensued after four to ten applications. In some cases, however, anodynes had to be administered internally at the same time; these cases, as a rule, did not do well. By the treatment described the author claims to have cured many cases of sciatica which had resisted all other treatment. In such cases, where the complaints could be traced to a rheumatic, gouty, or inflammatory origin, the treatment was especially attended by favorable results. Mild cases were treated as out-patients; more severe ones, however, had to be admitted to the hospital.—*British Medical Journal*.

Treatment of Whooping Cough.—Whooping cough, according to M. LAGOUNNE, is an infectious malady, due to a special germ, transmitted directly through the expired air or indirectly by infected objects. Consequently its propagation is easy and rapid. Blache said that whooping cough attained its maximum of frequency between the ages of three and four—that was to say, at the period when the children are thrown together in infant schools. Temperature and seasons had no influence on the germ itself, and if the infection was more intense in winter than at other periods of the year, the cause resided solely in the fact that the patients were confined to the house more, and lived, consequently, in a vitiated atmosphere; the open air diminished, on the other hand, the gravity of the disease. As to the treatment, it should be entirely external, as the administration of remedies usually prescribed in these cases arrested the fits of coughing by paralyzing the expiratory muscles. As soon as the affection is recognized, the bedclothes and all the wearing apparel in use, as well as the carpets and the curtains, should be sprinkled several times a day with an antiseptic solution, even that of corrosive sublimate (1:1000). The patient should live as much as possible out of doors, and when feasible they should not occupy the same apartment night and day. All linen clothes, and, in fact, every object soiled with the expectoration, should be plunged into boiling water, and afterwards washed with antiseptic solution. In order to prevent the production of the germ and to obtain the antisepsy of the respiratory appar-

atus and of the circumambient air, the clothes of the child in proximity with the mouth (the front of the chest, the sleeves) should be sprinkled several times daily, while the same should be done in the evening to the pillows, sheets, and coverings near the head of the patient. The solution employed by Dr. Lagounne is:

Sulphuric Ether	400
Acetic Ether.....	150
Proof Spirit	300
Salol	50
Phenic Acid Cryst.....	15
Essence of Lavender.....	25
Essence of Wintergreen.....	25

—*Medical Press and Circular.*

The Treatment of Burns with Chlorate of Potash.—LARGER (*Gazette des Hôpitaux*) employs cold solution of chlorate in local or even general baths immediately after burns. In case of urgency all that is necessary is to throw the crystals into cold water and agitate a little; in consequence of its feeble solubility the salt dissolves only to the required degree. The remedy is efficacious in even deep burns, but the action is particularly evident in the erythema of superficial burns. Relief is immediate. Such is the treatment at the beginning when pain is dominant. Later, the method varies according to the depth of the burn. If deep, it is treated with dressings, like an ordinary wound; if superficial, compresses of chlorate of potash are continued until the end, but they are covered after one or two days with mackintosh. Chlorate of potash has the advantage of being a feeble antiseptic, and not only non-irritant, but soothing. Administered in large doses it is toxic, but used in this manner it is absorbed in only small quantities. During 28 years M. Larger has employed it at all ages without accident.—*Medical and Surgical Review of Reviews,*

MEDICINE AND PATHOLOGY.

By ALBERT ABRAMS, M.D., San Francisco, Cal.

New Media for the Cultivation of the Tubercle Bacillus.—DR. A. RANSOME condensed the moisture from the breaths of healthy and phthisical persons, together with that from the air of a wine cellar in a gravelly subsoil, of cellars under low-lying, insanitary cottages, and of a weaving shed, and used it in various ways as a culture medium for tubercle bacilli. When these organic fluids (analyses of which are given) were added to sterilized blood serum or to glycerine peptone agar, they were found to facilitate the growth of the bacilli to some extent. When added to simple glycerine agar or sterilized potato—on which the bacillus normally grows but slowly—there was marked increase in the amount of bacterial development. In the next series of experiments pure filter papers—deprived of salts by soaking in HCl. and HF., and each containing only 0.1 mg. of nitrogen—were soaked in the organic fluids, to which 6 per cent. of glycerine has been added, and then used as the culture media. Again, very free growth as a rule resulted. The glycerine was afterwards dispensed with, and the bacilli found to grow freely on filter paper soaked with the organic fluids from healthy and phthisical breath alone. In all these experiments the incubator at a temperature of 35° C. (95° F.) was used, but growth was also found to occur at a temperature of 21° C. (69.8° F.). In subsequent series ordinary wall paper impregnated with the condensed moistures was employed and good cultivations almost invariably obtained at the ordinary tem-

perature of the laboratory. These researches have an important bearing on the question of prophylaxis against tuberculosis. They prove that any one of the various organically changed vapors, whether coming from healthy or from diseased lungs, from the air of cellars or from comparatively pure ground, forms an excellent culture medium for the tubercle bacillus when kept away from the disinfecting influence of air and light. This power of promoting its growth is particularly manifest when the supporting substance is common wall paper, though it is quite apparent when very pure filter paper is used. It is further proved that on these substances the growth of the bacillus may take place at the ordinary temperatures of dwelling rooms; and hence that there is no safety against the increase of the organism in ordinary living rooms in which ordinary tuberculous dust is present and in which the natural disinfectants of the bacillus, fresh air and light, are not present in sufficient amount to destroy its virulence.—*British Medical Journal*.—*Post-Graduate*.

New Method of Measuring the Volume of the Lungs.—BASCH demonstrated a new method of measuring the volume of the lungs before the Imperial Royal Society of Physicians, April 22d. This method is based on Mariotte's law of the relation between the volume and pressure of any given quantity of gas. If the volume of gas which it is desired to investigate be reduced by pumping other gas into the chamber, until a certain pressure is obtained, its amount can be estimated by pumping the same amount of additional gas as was added in the first case, into a receptacle of such a size that the same pressure will be obtained. To apply this method to the lungs this test-receptacle must be elastic and of about the same power of resistance as the lungs. The pressure is obtained with a mercury manometer, and the air is pumped into the lungs through a tube fitting tightly into one nostril, while the other nostril and the mouth are tightly closed. Tests upon dogs, which were afterward confirmed by the removal of the lungs, showed the accuracy of this method of estimating the pulmonary capacity.—*Medical News*.

The Diagnostic and Prognostic Value of Thermometry in the Apoplectic State.—DE TOURETTE emphasizes the importance of temperature taking in cerebral hemorrhage at the time of the attack; the body temperature falls but soon rises, and in the course of 24 hours attains 100.4° or 102° F. The temperature should be taken hourly or every second hour. If the temperature attains 104° F. during the first 24 hours, a rapidly fatal issue may be expected. If, at the end of 24 hours, 102.2° F. is the maximum, a favorable prognosis may be entertained. If a gradual fall of the temperature is shown on the following day, one can, with each added day and each fraction of thermal fall, predict with increasing confidence favorable prognosis. One must bear in mind the possibility of a second hemorrhage, and we must not be over confident until three or four days have elapsed. If, after 24 hours, the temperature oscillates around 102.2° F., and early contracted pupils are noted with conjugate deviation of the head and eyes, then the prognosis is grave. If the temperature remains at or above 102.2° F. for two or three days, and acute decubitus develops, a fatal issue may be expected. Attention is also directed to the thermometer in the differential diagnosis between organic cerebral affections, like tumor, softening, fracture, and epilepsy on the one hand, and hysteria, intoxication, and malingering on the other, the temperature is always elevated in the former; whereas in intoxication from belladonna, alcohol, digitalis, aconite, hyoscyamus, and in diabetic and uremic coma, the temperature is below normal. In hysteria and malingering it is normal.—*Semaine Médicale*.

MENTAL DISEASES AND MEDICAL JURISPRUDENCE.

By A. W. HOISHOLT, M.D., Assistant Physician, State Asylum for Insane,
Stockton, Cal.

The Joint Occurrence of Epilepsy (Resp. Epileptiform) Attacks and Diabetes (Mellitus, Resp. Glycosuria).—DR. W. ECKSTEIN, in an article on the subject, says that the simultaneous occurrence of these diseases, excluding the possibility of an accidental occurrence, may be cases in which the diabetes causes epilepsy secondarily, or *vice versa*. The latter eventuality is not corroborated by observations on record, while, as regards the former, it is only known that occasionally epileptiform attacks may occur in cases of diabetic coma. The possibility also exists that the diabetes as well as the epilepsy may originate secondarily from the same cause. In this connection we must first consider heredity, as epilepsy, diabetes and psychoses have repeatedly been met with in neuropathic families. A case of such marked heredity has been observed by the writer. Besides the above, certain cerebral diseases would come into consideration, which may be associated with or followed by diabetes and epilepsy. Such a case has been reported by Lépine and Blanc; two other cases in which epileptic attacks and diabetes mellitus occurred in connection with symptoms of an unilateral brain disease have been observed by the author. In one of these a Jacksonian epilepsy had developed in connection with a hemiplegia, and was combined with a diabetes mellitus decipiens intermittens. In the second case there was a combination of the latter disease with attacks of syncope and convulsions, which with other symptoms pointed toward the existence of a focal disease of the brain. In still another case, epileptic attacks were combined with mitral insufficiency and diabetes. By reason of these observations, the author considers himself justified in emphasizing the importance of urinary analysis in the examination of epileptics.—*Deutsche Med. Wochenschr.*—*Centralbl. f. Innere Medicin*, October 1, 1898.

Post-Operative Psychoses.—DR. REYNIER, in discussing this subject before the Société de Chirurgie, denied that physical disturbances could result from surgical operations in patients without any previous tendency to such manifestations. He claims that a careful review of the family history of such persons will show that there is either a marked hereditary taint, or that they have already presented evidence of some mental or moral aberration. DR. SEGOND said that he was unable to furnish a satisfactory explanation of the psychoses following gynecological operations. He was inclined to believe that suggestion was an important factor in many instances. A conscientious search of the records of 642 cases of artificial climacteric revealed but four cases of post-operative mental affections—one of kleptomania [?!], two of melancholia and one of mania. The last case recovered after two weeks, and the two cases of melancholia were of short duration. The patient with kleptomania "was a thief before operation and remained one afterward." The speaker summarized his views as follows: "There is no recorded case of a psychosis directly due to a surgical operation. In the great majority of the cases in which mental disturbances have been attributed to surgical interference the patients were either mentally affected beforehand, or possessed hereditary taint. In the absence of a previous history, women who became insane after operations should be regarded as the victims of suggestions furnished either by the physicians or friends of the patients."—*Presse Médicale*—*American Journal of Medical Sciences*, August, 1898.

Chest-Symptoms following Epileptic Convulsions.—According to DR. BRESLER the pains complained of by epileptics after attacks, and which they locate in the side, over the sternum and in the back, are temporary pleuritic manifestations, due to extravasations of blood on and under the pleura and into the pulmonary tissue, such as are seen in cases of death from suffocation. These changes are supposed to be due to the long-continued inspiratory position of the lungs during the attack. Pleuritic changes are, however, not more frequently *post-mortem* findings in epileptics than in other cases. Epileptics having a plethoric habitus seem prone to succumb during an attack from paralysis of the respiratory center. The autopsy shows in such cases often petechiæ of the pleura. In some epileptics the pains are definitely located along the place of insertion of the diaphragm, and are followed by gastric disturbances, which is indicative of the energetic contraction of the diaphragm.—*Deutsche med. Wochenschrift*—*Centralblatt f. Innere Medicin*, October 1, 1898.

Chronic Meningo-Encephalitis or Meningo-Encephalitic Idiocy.—DRS. BOURNEVILLE and METTETAL, of Paris, report an interesting clinical and pathological observation in a girl, whose case was first studied by them when she was 12 years of age. Her parents gave a marked neuro and psychopathic history. The pregnancy and labor of the mother appear to have had a normal course, with the exception that an enormous quantity of liquor amnii was present; the same may be said of the early part of the infancy, until she was 11 months old, when she had an attack of convulsions lasting 20 hours, which recurred at the end of two days, and then lasted 48 hours. Following this the child was sick in bed for 15 days, presenting symptoms of gritting of teeth, fever, and delirium. Prior to these two attacks the mental development of the child, with the exception that it possibly was a little backward in learning to talk, seemed to be about equal to that of children of the same age, but after the attack there was a marked enfeeblement of the intelligence. In spite of this, she afterwards made fair progress in school. When 11 years old, while playing, she again had an attack of convulsions followed by transitory right-sided hemiplegia and aphasia. In connection with an attack soon afterwards she had spells of intense pain in the head, recurring every three or four hours. In consequence of these attacks the intellectual and moral character of the child had gradually undergone a great change; she became apathetic toward surroundings, lost memory and ability to reason logically, became inattentive and suffered from an uncontrollable drowsiness. At times she would be depressed, at other times excitable, would not get along with other children, became disobedient, stubborn, would bite and strike at everybody, became pyromaniacal, and would steal things in the manner of a kleptomaniac. Vasomotor disturbances were not infrequently observed. After a free interval of seven months, during which there was an apparent improvement, the intelligence began to fail steadily. She became uncleanly in habits, emaciated until she had a cachectic appearance, and was unable to support herself. A tremor of the whole body set in, and afterwards marked contractures, first in the lower extremities, and then in the arms; she was in fear of everybody, became a koprophagiæ, screamed at night, the feeble-mindedness became extreme, and she became completely helpless. After a series of epileptiform attacks a number of decubitus-wounds developed, resulting in death, the 12-year old girl weighing but 15 kg. The *post-mortem* examination did not show hydrocephalus, nor marked changes in the meninges, the skull-cap only seemed somewhat thickened. There were,

however, signs of a meningo-encephalitis, extending over almost the entire surface of the cerebrum. The pia was so adherent that its separation tore away parts of the surface of the cortex; the convolutions of the island of Reil and those adjacent to the fossa of Sylvius were markedly atrophic; the gray cortical substance was completely gone in places. The only parts intact were on the median surface of the cerebrum, the precentral lobule, on the convex surface, the occipital lobes, and the left parietal lobe. In other words, the disease-picture and *post-mortem* results resemble in many things the observations made in cases of general paralysis of the adult. The authors believe the cause of the entire pathological process in the case to be an early meningitis, and look upon the subsequent convulsions as exacerbations of the old process.—*Progrès Méd.*—*Centralblatt f. Innere Medicin*, October 8, 1898.

Abstinence from Tobacco in Cases of Insanity.—DR. N. BACCELLI reports observations made on psychopathic individuals who were habituated to the use of tobacco, and he finds that when deprived of it they often show quite characteristic and apparently serious abstinence effects. Sometimes the patient is seized with the idea that he has completely lost all physical and mental power, and falls into a submaniacal state, which may become associated with disturbance of innervation of a mild type. Conditions of mental depression appear to develop only secondarily from cardiac disturbances. The heart often shows an attack of marked adynamia, accompanied by a small, frequent and arrhythmic pulse, palpitation, precordial anxiety, vertigo, a general feeling of malaise, and intense feeling of prostration. A sense of oppression in the chest, and superficial and slow respiration are also observed. In the face and upper extremities are often seen vaso-motor disturbances with reddening of the skin and perspiration. All these symptoms usually show themselves a few hours after the deprivation; last several hours or days, and then disappear gradually. They may be alleviated by the administration of alcohol. They are usually found in individuals who show diminished powers of resistance from alcoholism, neurasthenia, or plethora. The mode of use of the tobacco, whether it be absorbed in the nose or mouth, smoked or chewed, seems to have no influence on the symptoms. Among less frequently observed symptoms may be mentioned continuous nausea, a sense of fulness in the stomach, dryness in the pharynx, diminution of the salivary secretion and loss of appetite; also traces of ataxia and an increase of the existing tobacco-tremor. All these abstinence symptoms are termed by the author the "negative" of the intoxication. One of the three cases described in illustration of the above, was a sailor of hereditary disposition, who had chewed tobacco since he was 14 years old, and had daily consumed by smoking and chewing 90–110 g. of tobacco.—*Rivista di Patol. Nervosa e Mentale*—*Centralbl. f. Innere Medicin*, October 8, 1898.

Toxemic Delirium in Heart Disease.—EICHHORST describes certain mental symptoms in cases of cardiac insufficiency in which rapid disappearance of edema and cyanosis and greatly increased excretion of urine follow proper treatment. The plan followed by Eichhorst is usually, where rest in bed is not in itself sufficient to bring about marked improvement, to administer a powder containing 1 decigramme (gr. jss.) of digitalis powder, 1 gramme (15 grs.) of diuretin, and 3 decigrammes of sugar. Three daily doses are given, and in most cases 30 powders are sufficient to restore compensation. The urine is always rapidly increased, and may amount to 5, or even 7, litres daily. The mental symptoms occur during the diuresis, and are more likely to appear in old per-

sions than in younger ones. The first thing noticed is usually somnolence, which may be so deep that it is difficult to arouse the patient. Soon the consciousness is disturbed; the patients do not recognize their acquaintances or surroundings. Delirium then comes on, varying in degree up to violent mania. The respiration is often altered, being deep and frequent, without evidence of obstruction. The face is red. Muscular spasm was not observed in any case. These symptoms last until the edema is gone, and polyuria has been followed by normal excretion, and then cease gradually or suddenly. In no case was there albuminuria; hence the author excludes ordinary uremic poisoning, and attributes the symptoms to an intoxication from unknown bodies derived from the edematous fluid, and not excreted rapidly enough by the kidneys. In no case was the condition actually dangerous—*Deutsche med. Wochenschrift*—*American Journal of Medical Sciences*, September, 1898.

Delusions and Insanity.—The Supreme Court of Tennessee rendered an important decision in a case of murder in which a plea of insanity was set up. The Court held "that in criminal cases the correct issue is not that of sanity, but of responsibility. The delusions of a sane man do not make him irresponsible. The question is in such cases, Is the delusion set up as a defense the delusion of an insane person? Many men of strong minds," continued the Court, "have delusions. Remarkable instances are given in the works on medical jurisprudence of delusions in men of prominence in all the walks of life. Lord Kenyon had an unreasoning fear of poverty, and so had Lord Stowell, although he was a man of immense fortune, his home being absolutely destitute of the necessities and comforts of life. Lork Erskine would never sit at a table or remain in a company as one of thirteen persons. Lord Eldon, after he had made up his mind and expressed his opinion lucidly and conclusively, was at all times a prey to grave doubts of his correctness. Lord Brougham, upon more than one occasion was placed in seclusion, his mind being clearly off balance. Judge Breckenridge, of Pennsylvania, is reported to have on a hot day, while holding Court at Sunbury, gradually taken off his clothes until he sat naked on the bench. Judge Baldwin, of the United States Supreme Court, was a hypochondriac. A distinguished New England Judge imagined that a dropsical affection, under which he labored, was a sort of pregnancy. And yet none of these men were insane, because they had reason and sanity enough to conquer and overcome these delusions. A familiar illustration is that of the Mormon elders, who claimed that they had a direct revelation from heaven permitting them to practice and teach polygamy. The world generally regards this as a rank heresy, and the claim to be the evidence of an unreasonable delusion. It has, however, been held that they cannot defend on the ground of such delusion, inasmuch as otherwise they are sane, shrewd, active, successful, and unusually practical men in their business and social relations, and they have been held responsible for such delusions."—*St. Louis Medical and Surgical Journal*.

The Juvenile Form of General Paralysis.—DR. C. THIRY has looked up the literature of general paralysis of the insane occurring before the age of 20, and finds that since 1877 there has been in all 67 cases published, and to these he adds 3 new cases. The juvenile form presents characteristic cerebral and medullary disturbances which are fully identical with symptoms observed when the disease occurs later in life. Individual predisposition plays, of course, no special role in children; hereditary disposition (insanity, syphilitic in parents) is, however, of importance. We find such cases usually in highly neuropathic

families, in which syphilis materially adds to the dystrophy and degeneration. Attention paid to the antecedents (family history) of the youthful patients, the beginning of the affection, and especially to the course of the disease, enable one to make an accurate differentiation of general paralysis from other diseases. The prognosis is in a way more unfavorable, as remissions of shorter or longer duration, which are frequently met with later in life, do not occur in the juvenile form. There are no special indications as regards therapy. Anti-syphilitic treatment may possibly, still more than later in life, interrupt the course of the disease in cases of hereditary syphilis or where there is a history of syphilis in the parents. A cure in general paralysis is, of course, not to be expected.—*Gaz. Hebdom. de Méd. et de Chir.*—*Centralbl. f. Innere Medicin*, October 15, 1898.

Two Cases of Mania During Measles.—DR. FINKELSTEIN has observed two cases of this rare complication of measles. The first case occurred in a boy, 13 years of age, who was admitted to the hospital on the 28th day after the onset of the measles, and three weeks after the beginning of the mental symptoms, which consisted of furious delirium with periods of extreme terror. On admission there was an increased heart's action with enfeebled nutrition and exaggerated knee-jerks. He was slow in comprehending questions put to him, but answered them when repeated several times. Terrifying visual hallucinations (a black man) were present, and the patient made attempts to escape, fighting with his hands and uttering loud cries. This condition, associated with agitated sleep, continued for a week, when it gave place to gradual and complete recovery. The history showed that the father was an alcoholic, and that the child had been abandoned, and finally, had been apprenticed in a shop where his life was very unhappy. The second patient was a girl, 14 years old, who had shown mental symptoms from the time of the invasion of the disease, and six days before she was admitted. The parents denied any heredity. During the first two days of her stay at home, the girl was melancholy and slow in answering questions; on the third she became incoherent, confused, and hallucinatory, manifesting dread of everything surrounding her. She became noisy, took hold of and threw away everything which came within her reach, and tried to run away. On her admission, a satisfactory examination was difficult on account of the great excitement and exaltation; she was noisy, violent, did not answer questions, but only repeated the single word "injustice." She ran about the ward throwing things around. Anemia was present and a sharpened vesicular respiration was heard over both lungs. Two days later the maniacal excitement became less violent, and was afterwards succeeded by a mental depression. There was an increased respiration, and seemingly fever, but no thermometric record could be obtained. On the next day a reddening of the pharynx was observed, and on the following day the skin eruption appeared. From this time on she became more quiet, and two days later remained quietly in bed, occasionally mumbling to herself and not replying to questions. Pneumonia developed, and, with increasing feebleness of circulation, terminated in death six days after the appearance of the rash. The mind never cleared. No autopsy was permitted.—*Wratch.*—*American Journal of Medical Sciences*, December, 1898.

FORMULÆ.

By H. E. SANDERSON, Ph.B., M.D., Assistant Physician State Asylum for Insane, Stockton, Cal.

Vomiting:

Menthol.....gr $\frac{3}{4}$
Tinct. opii..... $\frac{3}{4}$ iiss
Spirit. vini gallici.. - $\frac{3}{4}$ x

Sig.—10 to 20 drops, frequently, as needed, during the day, for vomiting.
—*Philadelphia Medical Journal*.

Chronic Cystitis:

Guaiacol.....gr. lxxv
Iodoform..... $\frac{3}{4}$ i
Sterilized olive oil..... $\frac{3}{4}$ iii

Sig.—For injection into bladder.—
G. COLIN, in *Philadelphia Medical Journal*.

Ophthalmia Granulosa:

Guaiacol.....1.0
Glycerine.....100.0–200.0

Sig.—To be dropped into the eyes.
—*Rev. de Thérap.*—*Pediatrics*.

Fissure of the Tongue:

Acid. carbolic.....1.5
Tinct. iodi.....5.0
Glycerine.....15.0

Sig.—Apply on brush.—*Monatsch f. Dermatol.*—*Pediatrics*.

Blackheads:

Kaolin.....4 parts
Glycerin.....3 parts
Acid acetic.....2 parts
Ol. odorat. *ad lib.*.....

Sig.—Apply several times daily.—
Tristate Medical Journal.—*Southern Practitioner*.

Iodo-Mercurial Treatment of Nephritis.—CAMPBELL, BLACK administers the following for acute and subacute nephritis:

Hydrarg. chlor. corros. gr. i iii
Potass. iodid..... $\frac{3}{4}$ iii
Syrupi..... $\frac{3}{4}$ i
Infus. gentian..... $\frac{3}{4}$ vii

Sig.—Tablespoonful three times a day.—*Medical News*.

Oxide of Copper as an Anthelmintic.—HAGER, in 1888, recommended the following:

Black oxide of copper. 90 gr
Prepared chalk.....30 gr
White clay.....180 gr
Glycerine.....150 gr
Div. into 120 pills.

Sig.—8 to 12 to be taken during a day; 8 a day for one week and 12 a day the second week. Then a large dose of castor oil.—*Journal des Praticiens*—*New York Medical Journal*.

Pain of so-called Spontaneous Gangrene. CAMESCASSE, in the *Presse Médicale*, recommends:

Salicylic acid... }
Turpentine..... } each 1 part
Lanolin..... }
Vaseline.....7 parts

Sig.—Apply to sound skin near affected part.—*New York Medical Journal*.

METEOROLOGY.

Summary for November, 1898.—*Temperature.*—The mean temperature of the State for November, 1898, was 51.6°; a departure from the normal of —1.3°, the highest monthly mean was 67.6°, at Ogilby; the lowest, 28.7°, at Boca. The maximum temperature was 102°, at Pomona, on the 7th. The minimum, 11° below zero, at Bodie, on the 25th. The absolute range for the State was 113°. The greatest daily range was 54°, at Elsinore; the least, 17°, at Coronado.

Rainfall.—The normal precipitation for the State for November was 2.19 inches; the average for November, 1898, was 0.99 inches, a departure from the normal of —1.20 inches. The greatest monthly precipitation was 9.98 inches, at Crescent City; the least, nothing, at many stations.

Wind.—The prevailing direction of wind was from the north.—PROF. W. H. HAMMON, Forecast Official and Section Director.

California—Tabular Statement for November, 1898.

STATIONS.	TEMPERATURE.						RAINFALL.		WEATHER.			WIND.	FURNISHED BY—
	Mean.....	Highest..	Lowest.....	Mean High- est.....	Mean Low- est.....	Mean Daily Range	No. of Days Rain Fell.....	Total Rain- fall.....	No. of Clear Days.....	No. of Fair Days.....	No. of Cloudy Days.....	Prevail- ing Direc- tion.	
Auburn.....Cal.	52.8	80	34	60.4	47.0	13.4	5	3.59	15	0	15	N.E.	Southern Pacific Company.
Berkeley....."	53.7	78	41				5	0.97	14	8	8	N.	Obs. University of California.
Colfax....."	53.1	77	35				7	4.46	21	2	7	N.W.	Southern Pacific Company.
Coronado....."	61.7	77	52	67.0	51.8	15.2	2	.15	28	0	2	N.W.	H. A. Masac.
Eureka....."	48.0	63	34	54.2	42.4	11.8	16	4.43	10	4	16	N.W.	Weather Bureau Dept. Agr.
Fresno....."	52.0	80	27	65.0	39.9	25.1	1	.34	23	4	3	N.W.	"
Keeler....."	57.4	80	35				2	T	22	8	0	N.	California and Nevada R. R.
Los Angeles....	61.0	94	41	74.0	47.2	2.68	1	T	18	10	2	W.	U. S. Weather Bureau.
Monterey....."	53.6	73	34				4	.79	21	0	9	S.W.	Southern Pacific Company.
Napa....."	54.4	88	32	68.8	40.0	28.8	3	.65	13	12	5	N.	Station Napa Insane Asylum.
Oakland....."	53.2	80	40	61.1	45.3	15.8	4	.60	13	11	6	W.	Chabot Observatory.
Paso Robles....	50.0	81	22	66.1	34.0	32.1	1	.30	24	4	2	E.	Agr. Experimental Station.
Red Bluff....."	53.6	82	33	63.8	43.3	20.5	4	1.21	19	4	7	N.W.	Weather Bureau Dept. Agr.
Sacramento....	53.4	81	32	64.8	42.1	22.7	3	.61	18	5	7	S.E.	"
San Bernardino	56.2	92	30	73.8	38.6	35.2	1	.05	24	6	0	N.	A. K. Johnson, M. D.
San Diego.....	59.0	76	43	67.0	51.8	15.2	2	.15	28	0	2	N.W.	Weather Bureau Dept. Agr.
San Francisco..	55.4	78	43	61.6	49.2	12.4	4	.46	13	12	5	W.	"
Santa Barbara..	59.1	88	42	70.2	48.0	22.2	0	.00	27	1	2	N.W.	Hugh D. Vail.
Santa Cruz.....	53.0	89	29	69.7	36.4	33.3	2	.86	22	5	3	W.	Ralph Springer.
Yuma.....A. T.	60.4	91	34	74.9	45.9	29.0	1	-.21	27	3	0	N.	Weather Bureau Dept. Agr.

Blank (---) indicates data missing.

Departments.

Occidental Medical Times.

COMMUNICATIONS are invited from all parts of the world. When necessary to elucidate the text, illustrations will be furnished without cost to the author.

SACRAMENTO: JANUARY, 1899.

THE COMMENCEMENTS—COOPER MEDICAL COLLEGE.

The graduating exercises of the Class of '98 of Cooper Medical College took place in the College Auditorium Thursday evening, December 8, 1898. The exercises were opened with prayer by the REV. WILLIAM RADER. The degrees were then conferred by the President of the College, PROF. L. C. LANE. PROF. STANLEY STILLMAN delivered the Valedictory. The address of the evening was made by HON. JAMES D. PHELAN, who made a spirited and patriotic speech, referring particularly to the numerous reforms recently inaugurated by the San Francisco Board of Health.

The following are the names of the graduates: Longworth Shuttleworth Anderson, Myrtle Alfred Ap Lynne, Josephine Bell, Grant Calhoun, Wm. Dalrymple Carnegie, Wm. Morris Carpenter, B. S., Daniel Crosby, Ernest Maxwell Fine, Jule B. Frankenhimer, A. B., Walter Scott Franklin, David Friedlander, Mable Lucinda Garrard, Jacob Samuel Green, Margaret Anna Guidinger, Thomas Vinton Hall, William Henslee, A. B., William Himmelsbach, William Clarcken Hopper, Ottoichiro Hoshino, Albert Joshua Houston, B. L., Orra Crosby Hyde, Lillian Collison Irwin, John Taylor Jones, Minora Ellis Kibbe, Augusta Georgia Klenck, John Alexander Lane, Oscar Gilbert Lynch, Charles Parker Maddux, Leo Louis Meininger, Harry Albert Niemeyer, Harold Augustus Wm. Ohrwall, B. S., Harry Reeves Oliver, Herbert Cameron Ostrom, Ralph Emory Peck, Walter Louis Perrott, Joseph Francis Poheim, Fredd Orlando Pryor, Charles Henry Rowe, Joseph William Scannell, Ph. G., Herbert G. Shaw, Ph. G., Margaret Hamilton Smyth, Otis Bergess Spalding, John Clark Spencer, Simon Fillmore Stucky, James Charles Titchworth, Sarah Vrooman, Alfred Jacob Zobel.

The total number of students in attendance during the past year was 182; the number of matriculates being 52.

NOTES.**Dr. Albert Abrams.**

Dr. Albert Abrams, of San Francisco, has resigned the professorship of Pathology at Cooper Medical College, and will hereafter devote himself exclusively to private practice.

Dr. W. F. Cheney.

Owing to the pressure of duties in connection with his college work and the demands of his private practice, Dr. W. F. Cheney has been compelled to resign his position as a collaborator in the department of Obstetrics and Diseases of Women and Children.

The Liability of Patients for the Fees of Consulting Physicians.

A legal case, of much interest to the medical profession, was recently decided in Tacoma by Judge Smalley, in the case of McKone *vs.* Cole, an action at law to collect a consultation fee of twenty dollars, by plaintiff from defendant. The defense was that the plaintiff never employed Dr. McKone, but that the latter was called in without consulting him, by his family physician, Dr. Stratton, who was attending him for an attack of appendicitis at the time, and for this reason the attending physician was responsible for the bill. The Court held that in serious cases the patient is not competent to judge of his own condition, and that the attending physician need not always inform the patient of his intention to call council, as the excitement pending such a consultation might be prejudicial to the patient's chances of recovery. A verdict was accordingly entered for plaintiff. The decision was certainly one in which law and common sense seem happily combined.

Dr. T. W. Huntington.

Dr. T. W. Huntington, who for the past sixteen years has occupied the position of Surgeon to the Southern Pacific Company's Hospital at Sacramento has resigned from the company's service, his resignation taking effect January 1, 1899. This step was necessitated by the Doctor's removal to San Francisco, where he has been appointed Lecturer and Assistant in Clinical Surgery, Medical Department of the University of California. Dr. Huntington's removal is a distinct loss to the community in which he has resided for many years, and to the local profession, of which he has been a prominent and an honorable member. His place is one that will not be readily filled. As a citizen he was always ready to take an active interest in matters connected with the welfare of the city where his special knowledge would prove of service. As a member of the

local Society his record in all that pertains to faithful and useful membership has been an enviable one, and the loss sustained by the Sacramento Society is not less serious than that of his professional brethren, by whom his helpful counsel and valuable aid will be sadly missed. Dr. Huntington's skill and attainments, the result of an extended and a ripe experience, will find a wider field in the metropolis of California, and while wishing him a long and prosperous career, we have no hesitation in predicting for him a large measure of success in his new field.

SOCIETY PROCEEDINGS.

SACRAMENTO SOCIETY FOR MEDICAL IMPROVEMENT.

Regular Meeting, November 22, 1898.

The President, F. R. WAGGONER, M D., in the Chair.

Subclavian Aneurism.—DR. T. W. HUNTINGTON presented a patient with a marked pulsation over the right clavicle. He said: The case is one of aneurism—the question is whether it involves one or more vessels. I introduce the case here, not because of any special doubt as to the diagnosis, but with the hope of getting an expression of opinion as to operative treatment. The operative treatment of aneurism has existed for many years—going back into the last century. Distal ligation might be in order.

DR. G. A. WHITE: This case reminds me of one I saw a few years ago—a case of fusiform aneurism. We have a case now at the County Hospital who has occupied his bed for some time, but since October last he is able to be about the ward. The pulsation has diminished. In this instance the dilatation is lower down. I do not believe distal ligation would accomplish anything in this case, as, if it be a fusiform aneurism it is weakened all along the line.

DR. G. L. SIMMONS: Some twenty years ago this Society had a case brought before it—a left subclavian aneurism. The patient was presented by Dr. Cluness. He was well known as a marketman to most of the old residents. The tumor was as large as a fist. He had been to every doctor of prominence in the State, and had been under rest and iodide of potash treatment, but finally got discouraged and came before our Society to see if any member could suggest anything to relieve him. Some one told him he had about two months to live. In a fit of desperation he went to a Chinaman, in San Francisco, who put him under a course of manipulation of the tumor and cured him. In speaking of the treatment which he underwent, he said the Chinaman rubbed the walls of the tumor and would grasp it hard, every day, which I suppose was favorable to the fibrinous clot formation. It was a remarkable case.

DR. HUNTINGTON: I do not believe this is a case of fusiform aneurism, yet I mistrust that it is altogether a surgical case. This might be a case for the introduction of the steel wire, an operation which has been done successfully by Loreta. By passing a steel wire into the aneurism and attaching it to a battery, thus passing an electric current through the wire, and setting up electrolysis in the sac.

Surgery of the Hand.—DR. B. S. NOURSE, read a paper upon this subject. [*Vide MEDICAL TIMES, Vol. xii p. 519.*]

DR. T. W. HUNTINGTON, in opening the discussion, said: The subject is one which evokes interest from every physician and surgeon. It has been well treated considering the immense amount of ground to be covered in a paper of this sort. The author has done his work well and has given us a very interesting paper. The question of preserving the integrity of a hand need hardly be mentioned. From an anatomical standpoint, the hand is of wonderful mechanism and delicacy and from a surgical standpoint, presents a multi-

tude of phases. There is not a single injury but may give a train of symptoms. Sometimes the prick of a needle will cause more trouble than will an extensive injury of the tissues. A relative of mine met with such an accident. Within 6 hours from the receipt of the needle prick, he had a violent chill, and in 32 or 36 hours infection had involved the tissue of the hand and had gone as far as the axilla. The patient lay for three months, and for a month his life was despaired of. It was a case of inoculation with the ptomaines and an implantation sufficient to cause death. Nerve and tendon suturing is very important. In the hands tendon suturing is very important, and the integrity of a finger may be saved by this process. It can only be done with asepsis, etc. Where the absence of tendons exists a very good result may be obtained by grafting the distal portion to a neighboring tendon. With regard to crushes, the author spoke of early amputations in crushes of the hands. My own feeling is that in a very large percentage of such cases, where the arterial supply has not suffered, we may cleanse the hands thoroughly and await developments. It has been my practice for some time, in this class of cases, to apply a moist dressing and leave it for a period of three or four days until I determined what portion of the finger or hand suffered most. With regard to partial amputations, I have learned that a very small portion of a single finger and thumb may be saved with great profit and satisfaction. I have in one instance saved a little finger, in another, a thumb alone, and in three, the thumb and little finger. In each case, the victims told me that the single member made to them, the difference between a hand and no hand. The patient with the little finger only, could grasp a spoon and button clothes. I am extremely careful to save every member possible, and if a portion of a finger has been lost I endeavor to save the greatest possible length of that finger. With regard to the treatment of fractures of the fingers, the only efficient manner, in my judgment, is by extension. Sometimes simple scratches will result seriously. These I treat by using some kind of antiseptic powder which gives you positive assurance against infection. It is to be deplored that surgeons do not discriminate between the different kinds of infection. In certain cases we have streptococcic infection. In others staphylococcic. The streptococci infection runs a very rapid course.

DR. G. A. WHITE: There is one point in regard to the management of wounds of the hand that is worthy of notice. It is the domestic practice, and also the practice of some physicians, of applying adhesive plaster to the hand, thereby sealing up the wound before it has been sterilized. In this manner they seal up infection. Furthermore, adhesive plaster is an inefficient material. The plaster most commonly used is thin plaster spread upon silk or linen—court plaster. Another matter of detail in the treatment of infected fingers is to incise them freely. There is a faulty plan of incising infected fingers, by incising through the thecæ of the tendons and carrying infection into the sheath. I am sure I have seen fingers sacrificed by infecting the tendon by incision. I have, in my early practice, and in my early training for practice, been taught that wounds of the hands have a tendency to heal, and could be left, with comparative safety, to the process of nature, whereas wounds of the feet had a tendency to go wrong, and in our best efforts we have been defeated. I have had, however, to sacrifice a good many fingers in order to save hands. I agree with Dr. Huntington, in his remarks with regard to saving fingers and parts of fingers. I have seen stiff ones of service to certain of the laboring classes. Regarding the details of antiseptics touched upon by the author, we are all familiar with. Surely the utmost effort should be expended in saving any and all parts of the hands.

DR. W. A. BRIGGS: With regard to the treatment of injuries of the hands, the principle which has been touched upon, the conservation of parts, is perhaps as generally recognized as any other in the practice of surgery, and may be extended advantageously to other parts of the body, compatible with the safety of the patient. That principle is certainly discarded in gynecology, and I believe to the detriment of many patients. I should demur to the statement that a laparotomy may be done as safely as the amputation of a finger. This statement is unwarranted, and perhaps made hastily, and would, no doubt, be reconsidered. I think also that moist dressings may be used advantageously in a great many cases, and particularly in injuries of the hands. I have seen,

after careful disinfection, the saving of a hand by the frequent application of a bichloride dressing, using a solution of 1:5000. I think we sometimes overlook the value of mild bichloride solutions, even when as weak as 1:8000. I have used it in abdominal wounds and in incisions of various kinds, and have never seen any injurious effects from it. I presume it is used by a great many. It is, I believe, one of the best we have in contused or lacerated wounds. I would recommend that such dressings be used as hot as can be borne.

DR. F. W. HATCH: It has been my misfortune to meet with quite a number of infected wounds of the hands, followed by severe results—the infection arising from the patient having been bitten by an insane person. I have seen quite a number of fingers lost from that cause, and in fact it was so common at the Asylum to look upon a bite as dangerous, that it was customary to employ tincture of iodine in cleansing the wound. It seems to me that the worst results followed when the periosteum was reached by the teeth.

DR. G. L. SIMMONS: Regarding transplantation of the tendons, as mentioned by Dr. Huntington, it is at least 20 years since I have seen that done. I had a case this summer in which a cartridge had exploded in a man's hands, and the tendon of the third finger was torn away. I transplanted the digital end to the common tendon of the middle finger, and it grew. The result is excellent.

DR. W. E. BRIGGS: I wish to call attention to the fact that young men have a great hesitancy with regard to writing papers. The remarks of Dr. E. B. Robertson, of Jackson, at the recent meeting of the California Northern District Society, were brought to my mind to-night while the author was reading his paper. His remarks were to the effect that young men should be encouraged to write papers; and that if they would only try, they could write useful papers. This fact has been demonstrated this evening, and shows that a young man can write a good paper. I mention this with a view to encouraging the younger members in this direction.

DR. J. H. PARKINSON: We should endeavor to save every portion of the hand possible. In endeavoring to save portions of the bone where the tissues do not admit of making a covering flap, you will sometimes have to take chances on the subsequent healing. In regard to dressings, the moist form will certainly give more comfort to the patient in cases of contusion than any dry dressing.

DR. A. M. HENDERSON: I remember, when at the Railroad Hospital, a case in which we discussed the advisability of taking off a thumb, and the mother pleaded to save as much of the hand as possible. Accordingly the thumb was left, and a favorable result followed. The patient remained in the hospital three months, and had gained such use of his hand as to be able to fire a switch engine. We should be on the lookout for infection from anthrax. I have found it to be a common infection throughout the State. I have recently examined two specimens of blood from the spleen of two cows which contained anthrax bacilli. Three months ago I would not have suspected anthrax, but at present, should an infection of the hand present itself which looked at all serious, I should examine the blood for anthrax bacilli.

SAN FRANCISCO MEDICO-CHIRURGICAL SOCIETY.

Regular Meeting, December 5, 1898.

The President, WM. F. CHENEY, M.D., in the Chair.

Extremely High Degrees of Myopia.—DR. A. BARKAN presented several cases showing various aspects of this subject. The first was a woman who had nearly reached the end of extreme myopia—entire blindness from retinal detachment. This process was nearly complete in one eye, and in fair progress in the other—consequently nothing could be done, as the time for operative measures had long since passed. Two others were children who were previously compelled while reading to hold the book within three or four inches of the face. In these the crystalline lenses were removed, giving results that were far superior to those obtained from the use of the strongly concave lenses that would otherwise be necessary. The idea of removing the crystalline lens instead of prescribing the use of concave glasses of high degree is a compara-

tively new one. The operation is easy—tearing the capsule of the lens with a needle and then waiting for the absorption of the lens. It is not commonly performed in Europe, and is equally rarely seen in this country. Apparently it is an operation full of promise when used in properly selected cases.

Sarcoma of the Choroid.—Two well mounted specimens of this affection were shown by DR. BRADY.

DR. ALFRED PERRY read a paper entitled "The Principal Causes of Gastric Disease."

Exophthalmic Goitre.—DR. W. F. CHENEY: I would like for a few moments to call your attention again to one of the patients which Dr. Barkan has just shown us. As you will see she presents all the classical signs of exophthalmic goitre: (1) Exophthalmos. (2) Goitre. (3) Rapid pulse. It is an interesting disease, and one that has come into much prominence during the past few years. It seems to be the direct opposite of myxedema, and it is at any rate a plausible thing to consider it an intoxication with thyroid substance, not only because of the enlarged thyroid, but because of the the resemblances of the symptoms to those produced experimentally by administering thyroid material in large doses. I do not remember, however, any explanation of the exophthalmos.

DR. L. C. LANE: I remember, some years ago, reading in an author whose name I do not now recall, an explanation to the effect that in this disease the ophthalmic branches of the sympathetic are in some manner irritated, and they cause a contraction of the fibre of Müller in the eye lid. This action causes a widening of the palpebral slit, and an apparent protrusion of the ball of the eye. I think I referred to this idea in my work on the "Surgery of the Head and Neck." The same effect has been produced experimentally by Rudolph Wagner in the head of a decapitated criminal.

Athetosis and Kindred Affections.—DR. FRANK FISHER read a paper upon this subject.

This was an interesting and able discussion of the newer views on chorea, athetosis, and epilepsy, which tend in the direction of placing the original lesion in these diseases not in the motor, but in the sensory centers of the brain and cord.

CALIFORNIA NORTHERN DISTRICT MEDICAL SOCIETY.

Eighth Annual Meeting held in Sacramento, November 9, 1898.

MORNING SESSION.

The eighth annual meeting of the California Northern District Medical Society was held in Unity Hall, Foresters' Building, I street, between Seventh and Eighth streets, Sacramento, on Tuesday, November 15, 1898, the meeting being called to order by the President, T. W. HUNTINGTON, of Sacramento.

Addresses of Welcome.—The Mayor, WM. LAND, in welcoming the profession on behalf of the city of Sacramento, said: Mr. President, and Gentlemen of the California Northern District Medical Society, it affords me much pleasure to meet you to-day. The citizens of Sacramento always appreciate good people, yet when I see such a representative body of educated men before me, and I myself not belonging to your honorable profession, it leaves me somewhat in doubt as to how I shall address you; but, gentlemen, I will say that the citizens of Sacramento to-day have more than felt pleased at seeing the notice of your meeting, and your mission in this city. As educated men and practitioners we are glad to see you here as guests of the Sacramento Society for Medical Improvement, and as the Chief Executive officer it affords me much pleasure to greet you and to express the hope that your short stay will be so fraught with good as a result of this meeting, and that it will be so pleasant, that it will be your desire to meet with us again in the near future. As physicians, there is no calling more grand than yours; and the great human race depends more upon your profession, upon your professional skill, than any other calling. In time of sickness there is no one we welcome so heartily as the physician; he is sent for before the priest—he is first choice. Now, gentlemen, while you are with us I hope you will unearth the cause of our troubles—those we have had

in our city this season. You may have heard it noised about that Sacramento is a city of contagion, such as diphtheria, typhoid fever, etc. I wish you would look into the matter seriously and see if it is due to our present water supply. I have been informed by people who have lived in the foothills, and in Blue Cañon, that they have had many cases of typhoid there, but whether such is the case I do not know. I hope you will look into that matter, as we are now seeking a supply from artesian wells, and if we become satisfied that artesian water is what we want, I shall be with you, but if we are not satisfied that is what is wanted we shall have to act accordingly. If you will look well to this matter, discuss it thoroughly, and lay it before our citizens in the proper light, I feel that your efforts will not be in vain. In conclusion, I extend to you the freedom of the city, and I hope you will go from here with very pleasant remembrances.

DR. F. R. WAGGONER, President of the Sacramento Society for Medical Improvement, in welcoming the visiting members, said: Gentlemen: It is my pleasure as the representative of the Sacramento Society for Medical Improvement to extend to you this morning a hearty welcome to this Capital city. You have laid aside your professional work for the time being to meet with us and to exchange views; and I hope we will all profit by it, and that it will be time well spent, and that you may all go back to-morrow better prepared by this day's outing to pursue your vocation. Medical men are in the foremost rank, as thinkers, and it has always been shown that we have the best interests of the people at heart. We have passed through many stages, and have steadily advanced, until to-day we can see the dawn of a bright future before us. And now, gentlemen, I again welcome you to our midst, and assure you that our Society will receive you with open doors.

DR. J. H. PARKINSON, on behalf of the Committee, said: The report of the Committee before you is the best evidence of welcome I can give you. I would like to say a word in connection with what the Mayor has just said, for the benefit of the visiting members. I wish to inform you that the water in that cooler is filtered and free from bacteria, and is, therefore, perfectly safe to imbibe. This evening, at 6:30, the local Society will entertain you in the form of a banquet, at the French Restaurant, Fifth and K streets.

Annual Address.—The annual address was then read by the President, T. W. HUNTINGTON, of Sacramento, the subject being "The Benefits of Medical Organization." [Published at p. 1.]

The Relation of the Recuperative Powers of Nature to Medical Practice.—G. L. SIMMONS, of Sacramento, read a paper upon this subject. He began by briefly referring to some historical facts in relation to medicine which had come under his observation as a student and practitioner during the past half century. About the beginning of this period a reaction, due to the indiscriminate use of drugs in the treatment of disease, had taken place. One of the reasons for this was, no doubt, the circulation of works upon the recuperative powers of nature in disease, wherein was contended that many cases were really cured by the force or power inherent in the individual. Jacob Bigelow divided diseases into: (1) Self limited diseases. (2) Diseases of uncertain duration. (3) Incurable diseases. Also influencing this change, no doubt, was the appearance, about this time, of new plans of practice—the botanic, hydropathic, and homeopathic. The discussion of these various methods resulted in comparisons, and, in consequence, it came to be determined that, in those diseases which may be classed as self limited, the percentage of recoveries are about the same under any or no treatment. Such facts as these prove conclusively that we are not to underrate the powers of nature. For quite a long period medical men apparently yielded to the wisdom of these views upon the powers of nature. More attention was given to the surroundings of the patient, to air, food, drink, and trained nursing. A later swing of the pendulum, however, shows that in certain localities, in typhoid fever, for instance, an amount of drugging which far exceeds that of the first half of the present century, both in the activity of the agents employed and in the variety of the remedies, now obtains. In the language of Professor Flint, "the profession now appears to be possessed of a pharmaco-mania." One of the reasons, no doubt, for this lapse into polypharmacy is the flood of medical literature issued by interested

manufacturers. It is almost impossible to remember the names or chemical compositions of these innumerable agents, and this is especially true in relation to the coal-tar products. Mental therapeutics and organopathy are also claiming recognition, and many of the tissues of animal life are being laid under tribute for new preparations, to work upon the credulity of patients and physicians. The speaker asked whether it was not time for us to consider the practical value of these agents and to determine whether their alleged cures were not, in many instances, due to the powers of nature.

DR. W. E. BATES, of Davisville, in opening the discussion, said: I think the true physician is the one who follows nature the closest, and the one who realizes that all he can do as regards treatment is to assist nature in undoing the wrong that has been done, and the only way to do that without actual medication is with rest, next with proper hygienic measures, and next with electricity, unless you are willing to class electricity as medication.

THE PRESIDENT, DR. T. W. HUNTINGTON, of Sacramento: In reference to the reader of the paper, I wish to state that Dr. Simmons has been a constant worker for the good of the profession and for this Society, and I feel it is somewhat of an imposition to impose on such representatives as the reader. Without the slightest hesitation he consented to prepare a paper, and I feel that the Society is under unusual obligations to him therefor.

Congenital Myxedema and Thyroid Therapy.—DR. B. M. GILL, of Duns-muir, read a paper upon this subject. He referred to the fact that from the earliest times mankind had experimented with the secretions of the body and the administration of portions of organs in various diseases. While much of this had been vague groping, still, here as elsewhere, grains of wheat might be winnowed from the chaff. Among the diseases that have seemed for long to have baffled the medical profession is congenital myxedema. Theoretically, the cause of myxedema is in the thyroid gland, being either its absence or some perverted condition. Surgery had demonstrated that certain perverted conditions followed the total or partial extirpation of the gland. The speaker suggested that while as a rule only the extreme cases met the eye, it was possible that partial arrest of the function might be responsible for anemia chlorosis, and kindred troubles affecting the sexual apparatus of the young female. Cases of unsuspected myxedema might also exist in abnormally fat people, a peculiar but sure symptom being a subnormal temperature with great sensitiveness to cold. The speaker then discussed the administration of thyroid gland tissue or its products, and closed by reporting two cases of the disease of the congenital and acquired variety respectively.

DR. H. D'ARCY POWER, of Sacramento: There are few subjects more interesting to the student of rational medicine than the diseases of the thyroid gland; interesting in the practical advances scored; interesting as an exemplification of modern methods; doubly interesting in their physiological bearing, and the new vista of therapeutical progress and hope they have directed us to. While myxedema and sporadic cretinism are not common diseases, their malignancy and the miserable condition to which their victims are reduced makes it no small gain to humanity that they are now practically under control. The therapist, sometimes discouraged by the too oft repeated and foolish cry that "internal medication is uncertain or impotent," is cheered by the certainty with which myxedema, at least, is inhibited by thyroid extract, and, finally, what a field of research, discovery and final progress is most certainly latent in our recently acquired knowledge of the importance of the secretion of the thyroid and other ductless glands. Given fluids of such potency as these secretions of the thyroids and adrenals, and how can it be doubted but that variations in their amount and relations must result in corresponding disturbances in the organism, determining our sensations of malaise or well-being and forming the physical antecedents of various cachexias. The point is well illustrated by the physical, mental, and emotional contrasts presented by myxedema and exophthalmic goitre, the morbid sequelæ of under or over secretion of the thyroid bodies, and by the contrasted effects of thyroid and adrenal extracts.

DR. A. W. HOISHOLT, of Stockton: Regarding the author's remarks as to myxedema being connected with insanity, I must admit I do not know what is the present status of our knowledge of the relationship of myxedema to idiocy, or whether idiocy is more apt to be associated or connected with goitre, and an

increased secretion of the juice of the gland I have visited one of the centers where these diseases are frequent—at Heidelberg. It is located on a hill. The disease is more frequently met with there than you will notice its absence in people in other localities. It strikes me that over-activity is more associated with idiocy than myxedema. My experience during ten years has not brought to my attention a single case of myxedema in insanity, or of goitre and insanity. I have two cases of cretinism under my care. They were born in the mountains. They were in the asylum a number of years prior to my taking charge there. In one of the patients myxedema symptoms are present. The skin is extremely loose and can be picked up in bunches, and the patient has a slow pulse. His movements also are slow. There is quite a difference in the movements of idiots, as much as between a toad and a frog. At the suggestion of Professor Osler I used thyroid extract on some of my patients, but it had to be stopped.

DR. W. A. BRIGGS, of Sacramento, in replying, said: The subject is an interesting one and opens up a large field for physiological investigation which has certainly already resulted in a material advance in therapeutic resources, not only in the disease mentioned, of the thyroid gland, but in others, as in Addison's disease. I would specially call attention to one thing, that is, the reduction in flesh following the administration of thyroid in obesity, as not indicating a positive diagnosis, because it is well known that increased metabolism of the tissues will lead to emaciation. It is so, as referred to, in exophthalmic goitre, and we should expect the same results in excessive or large administration of thyroid extract in obesity. One point, perhaps, which I have recently determined is, that thyroid extract administered in bradycardia increases the rapidity of the heart's action. I had lately under observation a case of fatty degeneration, in which the pulse ranged between 30 and 36, for some time. Under the careful administration of the thyroid gland it quickly came up to 60 or 70. It had no influence on the progress of the disease, however. I mention this with a view to its possible use in other cases in which there is not irremediable degeneration of the heart muscle.

State Requirements for Admission to the Practice of Medicine.—DR. A. M. HENDERSON, of Sacramento, read a paper upon this subject. He said, while every physician could not possess the ideal qualifications of his profession, the public was entitled to demand that all should possess moral and educational qualifications proportionate to the development of the State, and that the government should provide a proper test for such qualification. Sanitary medicine had become a most important factor in political economy. For this reason government should protect the commonwealth against the ignorant in the profession and such as even now announce that enteric fever is not a water borne disease, or that antitoxine is a useless and dangerous remedy. The argument that illiterate men have become eminent in the profession, has no force, as it is evident that with better preparation they might have attained far greater results. No uniform standard now existed for admission to the various medical colleges, while new schools were being constantly started, the needy proprietors of which were ready to offer any inducements to prospective students. In some case an injustice was perpetrated upon the students who, at the end of their course, were refused graduation, while at the same time their fees were retained by the Colleges. A fair preliminary examination would, at the outset, have settled this matter, as it would have been impossible for them to pass such a test. The speaker then enumerated the requirements demanded by the different States, all of which, with the exception of Alaska, Arizona, Kansas, Michigan, Nevada, and Wyoming, had made some regulations in this matter. In conclusion, the speaker said the State should assume the responsibility of examining all applicants for admission to the practice of medicine. As a preliminary, the completion of a High School course or the entrance examination to a State University should be demanded. Finally, all applicants should present a diploma from a recognized medical school, having a course of study of not less than four years, and the examination should be conducted by a Board of Examiners, none of whose members should be engaged in teaching in any school.

DR. J. H. PARKINSON, of Sacramento, in opening the discussion, said: There is no subject in which the profession has more interest than in the elevation of

the standard of medical education and the prevention of overcrowding, which is largely due to the admission of men regardless of education or fitness. As the author says, the prime means of removing this lamentable condition is through efficient State Examining Boards. Opposition in this direction will be encountered on the part of irregulars, etc., and even from those in the regular profession. There is a feeling of doubt amongst a large number of people as to the benefits of State Examining Boards. It is, therefore, largely a matter of education of the public to obtain the necessary privileges and to increase the efficiency of Examining Boards, by freeing them from all entangling alliances. Raising the standard of the medical colleges should not be overlooked. There is another means of aiding in this direction, which has been attempted in a small way, some years ago. At a meeting of the Medical Society of the State of California, there was introduced, by a member of this Society, a resolution which looked to the raising of the standard of the medical societies themselves. The resolution recited that after a certain time no man could belong to the State Society who was not qualified after a certain manner, professionally. If this were taken up by the better class of societies it would have an influence for good and be a help to the profession of to-day and of the future. The fact that three "schools" of medicine are recognized by the present law, has much to do with overcrowding. I believe we should endeavor to educate the public in this direction, showing that it will be directly benefited by the adoption of efficient legislation.

DR. W. E. BRIGGS: I think my experience may be of some value as regards getting some tangible improvement in our regulations of medical standard. I believe, with Dr. Parkinson, that the way to regulate this is by education; but we have to do something more than educate. You may try to educate the people until you are tired and yet never accomplish anything. In my opinion the way to accomplish our purpose is to get a sufficient number of representative medical men into the Legislature with enough influence to carry a proper medical law through. Without that you are practically helpless. You go before the Legislature and all the irregulars in the State will make such a howl that it is practically impossible to overcome that influence. Each so-called school, and the newspapers which, in San Francisco, derive an enormous sum from illegal medical advertising, realize that a proper medical law, once established, would, in time, deprive them of a large source of revenue. The present law is harmful to the regular profession in this State. At present there is a mere pretense at examining applicants. It is a pretense, because the public assumes that it does inquire into their qualifications when it does not do so. The only standard that the State should recognize should be that reached through an examination by a State Board similar to Boards now in operation in some of the Eastern States. I do not believe in the propriety of going before the Legislature in the hope of getting a bill through until there are enough medical men in both houses to properly support it. It engenders ill-feeling, and does no good to get into the Legislature when you can do nothing. By concerted action we could get say a half dozen medical men in each house, and if these men would make themselves felt, they could carry a proper medical law.

DR. J. P. GALE, of Arbuckle: Why would it not be a good plan for medical men all over this State to confer with the head of every family that they visit and ascertain whether he would be in favor of a high standard of medical education. The result should be reported to the County Societies, and through them to the State Society. A committee could then be appointed to present it to the Legislature, and in that way show the feeling of the people of the State. It seems to me this might be done.

DR. W. A. BRIGGS, of Sacramento: This is a vital question with the profession and the public, but as our time is limited, I will only offer the following resolution:

Resolved, That in the interest of the public and of the medical profession and of reputable medical schools, the California Northern District Medical Society is earnestly in favor of a higher medical education, and that to promote this end we hereby direct the President of this Society to appoint a committee of three, to secure, at the earliest possible moment, united action of the medical profession of this State, by postal card petition, in favor of thorough and

uniform State examination, preliminary to the study of medicine and also to graduation; to present to the State Society at its annual session a petition in favor of raising the standard of licentiation by the State Society in conformity therewith, and to devise such other ways and means as, in their judgment, may promote the purpose of this resolution.

THE PRESIDENT appointed as such committee, A. M. Henderson, Sacramento; David Powell, Marysville; W. A. Briggs, Sacramento

DR. E. B. ROBERTSON, of Jackson: I think the profession and the colleges have all gone wrong and are getting further away from the right track. We know very well that some students will accomplish more in two years than others will in four, and to compel an active student to put in the same length of time as one of inferior attainments is unreasonable and an injustice. I think the principle is wrong.

Excision of the Entire Clavicle for Tubercular Disease.—THE PRESIDENT, T. W. HUNTINGTON, of Sacramento, presented a case of resection of the entire clavicle with radical cure of hernia, in a boy of 13 years. The speaker said: About three years ago I operated upon this patient for an undescended tuberculous testis, associated with an incomplete hernia, removing the organ and closing the hernial ring. At the same time I removed the central portion of the right clavicle which was enlarged, painful, and evidently the seat of tuberculous invasion. This wound failed to heal, and about two months later I removed the distal end of the bone. The wound still remaining open, I removed a few months later the proximal portion. After a short interval the disease recurred in the periosteum and reproduced bone, both of which were extirpated. Then the wound healed permanently. A mass of tuberculous subclavicular glands appeared at a later period, and these were extirpated. The boy is now in fine condition. Has nearly doubled in stature and weight since treatment was undertaken. The function of the arm on the affected side is almost perfect. Seven important operations were done upon this boy in thirty months, but the measures adopted were clearly justified by the result attained.

AFTERNOON SESSION.

The Prevention and Treatment of Peritonitis.—W. A. BRIGGS, of Sacramento, in a paper upon this subject, said: Their frequency, gravity, and undetermined treatment, endowed diseases of the peritoneum with especial interest and importance. Particularly is this true of peritonitis, which, in a majority of cases, perhaps, is surgical at the outset, in others, at various stages of their progress becomes so, and, in yet others, during their entire course, remains under the exclusive charge of the physician, but always, whether medical or surgical, first appeals to the general practitioner. In peritonitis, the great and increasing province of surgery is prophylactic rather than curative. That peritonitis is practically always of microbic origin is a conclusion, which, in the present stage of our knowledge, even conservative minds can hardly escape. Under certain conditions, the peritoneum has enormous powers of resistance to infection—absorbing large quantities of bacteria and their toxins without inflammatory reaction. If this material exceed the immediate absorptive power of the peritoneum, septicemia but not peritonitis results. Something more than the mere presence in the peritoneal cavity of pathogenic bacteria is ordinarily necessary to excite peritonitis. Infection of the peritoneum may take place in various ways: (1) Through the circulation or so-called hematogenous peritonitis. (2) Through an external wound. (3) By migration of bacteria through the walls of the hollow viscera. (4) Through the fallopian tube. (5) Through a wound or perforation of any of the hollow viscera. (6) Through the irruption of infectious pus. In the prevention of peritonitis, the chief thing is the relief, whether medical or surgical, of diseases which threaten the peritoneum. Next in importance in the treatment of peritonitis are a perfect *technique* in operations involving that structure and the minimizing of the septicity of the gastro-intestinal canal. The indications in the treatment of acute peritonitis are: (1) Remove its cause. (2) Limit its extent and moderate its intensity. (3) Limit the production and absorption and promote the excretion of toxins and ptomaines. (4) Support the powers of life. (5) Evacuate pus. It is difficult to draw any hard and fast lines between the properly surgical and medical cases in this disease, yet something remains, and justly, to

medicine. In the medical treatment of acute peritonitis, food from the stomach should be suspended. From the first, rectal feeding should take the place of stomach feeding, but not until after 24 or 36 hours of absolute fasting. In the case of offensive or stercoraceous vomiting, the stomach and colon should be thoroughly washed out—repeatedly if necessary. If the bowel cannot be used for alimentation, nutrient injections may be given subcutaneously. Of strictly medical means, opium has been rightly denominated our sheet anchor. Recently, an attempt has been made, but I believe mistakenly, to rescue saline purgatives from the oblivion from which, in peritonitis, they had so properly fallen. Cold, externally, relieves pain and hyperemia, and prevents or diminishes the effusion of nutrient material for pathogenic organisms. Excretion should be vigorously promoted, and water should be given by the stomach as freely as can be borne. The importance of excretion in septicemic conditions is generally overlooked or neglected. Tympanites should be relieved by hot turpentine enemata, and by the rectal tube passed well up into the colon and left *in situ* for some time. Pus should be removed from the peritoneum as soon as its presence is recognized. Pus in the peritoneum, however, should be prevented rather than evacuated.

DR. G. A. WHITE, of Sacramento, in opening the discussion, said: The subject is one of interest to both physician and surgeon. The paper has covered the ground so fully, that it would be a waste of time to repeat what has already been well put. Peritonitis is naturally divided into the suppurative and the non-suppurative varieties. The treatment of the non-suppurative variety has been well covered, and that of the suppurative kind, as in appendicitis and suppurating pus tubes, abscess of the ovaries, etc., calls for surgical interference. Pelvic cellulitis is amenable to treatment by medicine. I want to take issue with the author on his plan of abandoning purgatives. It seems to me that the alimentary canal is the natural sewer of the body, and that the unloading of it in this manner affords the most efficient drainage at our command.

DR. E. B. ROBERTSON, of Jackson: I would like to know the method of drainage made mention of in this paper.

THE PRESIDENT, DR. T. W. HUNTINGTON, of Sacramento: In reply to Dr. Robertson's question, as to drainage in cases where suppurative conditions have been dealt with, I had in mind to say a word on that point before the question was called up. I think there is sometimes a tendency to pack rather than to drain suppurative cavities. I resort to packing myself, by means of iodoform gauze. Since Murphy, of Chicago, called attention to his method, I have adopted it and have found great satisfaction in it. It consists in laying within the cavity straight strips of gauze, from an inch and a half to two inches in width, as the cases demand, in number from six to a dozen, according to the size of the cavity, carrying them even down to the fundus. McBurney, of New York, has suggested a better method of drainage by substituting for gauze, strips of rubber dam tissue. These are carefully sterilized and similarly placed, another strip being pinned over the free ends. It seems to me to be superior to that of Murphy. In my late cases I have used it invariably. In this connection I want to touch upon another point in regard to dealing with recent suppurative cases of appendicitis. I have found, in most of these cases, a mass surrounding the abscess which infringes upon the peritoneum—in some cases the mass extends towards the ileum. In these cases the cavity can be better reached by an external incision along the course of the ileum, below the anterior spine, going down back of the peritoneum before opening, until the finger discovers the point of impact of the mass surrounding the pus cavity. The peritoneum is then entered and the pus evacuated through the incision. This avoids the greater number of chances of infecting the general cavity. It is a rational procedure. I have been pleased with it in my cases. We have been told by some authors that we must first fill in between the healthy abdominal cavity and the pus cavity, and in my opinion this is fallacious. By putting in gauze before you have gone through the agglutinated mass you get your material disarranged, which does harm. If I have to go direct into the pus cavity I am careful to keep my knife well outside of the line of adhesion. I carry the irrigator well into the cavity, and with my hand pressing down in the median line, and the tube of the irrigator in the cavity, I can empty it with safety.

DR. ROBERTSON, of Jackson: In the case of a female, in which I opened the

abdominal cavity, I found it so surcharged with pus that it was impossible to cleanse the cavity through the opening I had made. I therefore passed my finger down behind the uterus, and after washing the vagina out with hot water, made an opening in the *cul-de-sac*, and placed a glass drainage tube through the vagina so as to drain the abdominal cavity at its most dependent point. I irrigated with hot water, running it through the drainage tube. I think that in those cases requiring laparotomy, drainage through the vagina so as to drain the septic matter away at the most dependent part of the cavity posterior to the uterus, is the best method. Unfortunately my patient died from shock. This method, so far as I am concerned; was original.

Amputation at the Knee-joint with Retention of the Patella in the Flap.—THE PRESIDENT, T. W. HUNTINGTON, of Sacramento, presented a case showing the result of an amputation close to the knee-joint. The peculiar features of the case were that only the articular surface of the femur was removed. The articular surface of the patella was sawn off, and the anterior portion of the patella adjusted to the end of the femur. This is claimed to have a double advantage: (1) The end of the stump is more resistant. (2) The function of the extensor muscles of the thigh is preserved which prevents muscular atrophy.

A Case of Intracranial Bruit.—DR. F. B. SUTLIFF, of Sacramento, reported the following case and exhibited the patient: C. L. S—, just past 6 years of age was a strong healthy babe, and until about eight months of age was subject to spasms. At the time of the convulsions he was teething and had fever. From time to time, for a period of twelve months or so, he had such attacks—high temperature and convulsions. The convulsions were usually controlled without any trouble by reducing the temperature. They never seemed to be due to any trouble with the brain, but seemed rather of a reflex nature. For some time past he has been free from this trouble, and is in every way a robust healthy boy, full of fun and unusually bright. About three or four months ago his mother, upon putting her head close to his, noticed that there was a distinct noise within the cranium. Upon questioning the little fellow in relation thereto he said he could hear it, but that it did not go all the time, and that it sounded like a gasoline-launch. The noise is plainly heard, and the lad had as good an idea of its character as I could give. It does not sound like the exhaust from a gas engine, but like the noise heard in a launch which is run by an engine, the impulse of which is not steady, but the action of which is enough to make the fly-wheel hum each time there is an explosion of gas in the cylinder. Each impulse of the sound occurs with the contraction of the left side of the heart, and then dies away, to recur again and repeat. If, at any time, the noise stops it can be started by a slight effort on the boy's part, such as stamping the foot, running about, or anything that gives force to the circulation. He is growing, seems otherwise healthy, learns quickly at school, and seems none the worse for the noise in his head. There is no history of a fall, or of any serious illness in connection with the case.

THE PRESIDENT, T. W. HUNTINGTON, of Sacramento: Would ligation of the carotid be in order in this case? The noise increases with exertion and with increased respiration.

DR. G. L. SIMMONS, of Sacramento: I asked the mother about the quality of the intelligence of the child, and she informs me that he is unusually bright. I could hardly imagine it to be an aneurism without its interfering with the intelligence of the child. It is a very remarkable case to me.

DR. W. W. MACFARLANE, of Sacramento, said he could hear the noise when the mouth was closed, but with the mouth open he could not hear it.

DR. H. D'ARCY POWER, of Sacramento: That would seem to be in line with my former suggestion, that possibly it is in connection with the frontal cells rather than with an aneurism.

THE PRESIDENT, DR. T. W. HUNTINGTON, of Sacramento: What relation would exercise have upon that point?

DR. POWER, of Sacramento: That would be in accord with it.

Two Cases of Spontaneous Rupture of the Heart with Demonstration of Specimens.—DR. A. W. HOISHOLT, of Stockton, was the reader of this paper, the specimens being demonstrated. He said: Spontaneous rupture of the heart

does not appear to be so frequently met with in cases of sudden death as is generally believed, disease of the coronary arteries without rupture being a much more frequent cause, and one that is often overlooked: Spontaneous rupture is always preceded by changes in the muscular fibres which have led to a diminution in their firmness and elasticity. The two most common causes are cardiac fibrosis and fatty degeneration. This may be preceded by the formation of a heart aneurism. Rupture may also occur in ulcerative endocarditis leading to the formation of an abscess, and in very rare cases it has been caused by echinococcus. Fibrous myocarditis is said by most authorities to be exclusively due to disease of the coronary arteries. The most frequent seat of rupture of the fibroid heart is in the left ventricle. Spontaneous heart rupture is more common amongst men than among women. In these cases death is not always instantaneous, patients having in some cases lived for days, which has led to the discussion of the possibility of surgical intervention. The speaker then reported the two cases, upon which the paper was based, in an exhaustive manner, the *post-mortem* findings in each case being given and the specimens demonstrated.

The New Materia Medica and Modern Doctors.—DR. H. D'ARCY POWER, of Sacramento, read a paper upon this subject. He said a glance at the files of any dispensing druggist would convince any one that there is a new materia medica and that the doctors are using it. For the purpose of obtaining some data for investigation, the author had procured copies of two hundred prescriptions from pharmacists in Sacramento, which might be said to fairly represent the profession of the city. The two hundred prescriptions represented four hundred drugs. Of these, forty-two were proprietary articles. Eighty were new drugs that have come into use within the last ten years. Eliminating the proprietary articles and doubtful prescriptions, the new materia medica contributed one-third of the prescriptions. Twenty years or more ago, men used but few remedies, but the uses and limitations of these were well understood. At that time occurred the advent of synthetic chemistry, and its many products. The speaker believed that the strongest factor in promoting the use of these remedies had been the application of amyl nitrite in angina pectoris by Dr. Brunton. While estimating legitimate experimentation at its true value, the speaker protested against that form of experimental therapeutics that was originated by the modern scientific drummer. He submitted that the average medical practitioner was not justified in experimenting upon the public that paid him for a supposedly exact scientific knowledge. The result of this was a deficiency in knowledge on the part of the younger men and an increased scepticism as to the value of drugs.

DR. E. B. ROBERTSON, of Jackson, in replying, said: I would like to criticize somebody while I am here, but as regards this paper I am free to say there is nothing to criticize. It is in accord with my views of the materia medica, so I have nothing to say derogatory of the paper. I receive circulars from manufacturers of drugs from all over the United States, but I pay no attention to them. When I began to practice medicine I had unlimited therapeutic resources, and knew a great deal about medicine. I had a hundred remedies for every common disease, but it is different now—I can treat a hundred diseases with one remedy. I pay little attention to the name of the disease; I treat the condition of the patient. American physicians are, as a rule, ready to grab at every kind of fad presented by manufacturers from Europe, and this is particularly so if they emanate from Berlin.

DR. J. P. GALE, of Arbuckle: As regards those medical agents, I listen to what they have to say, but I take very little stock in it. A great many men like to be able to talk about all the new remedies; they want to be up with the times, so that when they meet with medical men they can talk about the new remedies. The only way to test these things is in the large hospitals. Physicians, as a rule, will act wisely to let them alone, until thoroughly proven, and to hold on firmly to the things that common sense and experience have shown to be good.

DR. FLORENCE B. POWER, of Sacramento; I wish to say that I am in favor of the triturates; as a means of administering medicines, they are certainly very pleasant to take.

DR. POWER, of Sacramento: Of the two hundred prescriptions I examined, forty-seven were for troubles of the digestive organs. Of these forty-seven

only two contained intestinal antiseptics, and only one, hydrochloric acid, notwithstanding that twenty-three contained pepsin. As it is well known that deficiency of pepsin is mostly the consequence of insufficiency of hydrochloric acid; and that the administration of the latter is followed by the secretion of the former, the form of prescription would indicate one of three things: a very abnormal run of cases, a preference of palliative to curative treatment, or a deficiency of physiological and therapeutical knowledge.

Should Vaccination be Compulsory?—DAVID POWELL, of Marysville, read a paper upon this subject. [Published at p. 5.]

DR. JOHN FIFE, of Red Bluff, in opening the discussion, said: I am a firm believer in a compulsory vaccination law. I do not think that because people are block-heads they ought to be allowed to interfere with the health and well being of the community. They should be compelled to submit to vaccination.

DR. H. D'ARCY POWER, of Sacramento: The fact of the matter is there are in this State two sets of cranks—the parson and his old lady friends, and the other is the individual crank who thinks he has a right to do as he pleases.

DR. J. H. PARKINSON, of Sacramento: There is one point in connection with the vaccination of school children that is worth bearing in mind. When kindergartens were established, it was the custom to send children to these schools without being vaccinated. Later on when, as in Sacramento, the kindergartens were incorporated with public schools, the same practice continued. The child then passed into the primary department without question as to vaccination, having already been in the public schools. This is something to bear in mind where a kindergarten department exists.

DR. W. W. MACFARLANE, of Sacramento: It is very difficult to get vaccine that will give satisfaction. I have found it to be the case that only about one in ten took. I believe if you vaccinate from arm to arm it is a better plan than by bovine virus, as nearly all of them will take. Sixteen or eighteen years ago, during an epidemic of small-pox, I was appointed to vaccinate those who were not able to pay. I used points and not over 5 per cent. of them took. Why that should be so I do not know, unless it is that they are old before we get them. During that time there was a young lady who came from St. Louis, who had a beautiful scab on her arm and at the proper time I used it, and in almost every instance it was successful.

DR. E. B. ROBERTSON, of Jackson: My experience with the humanized virus has been satisfactory. I have tried the bovine virus, but I have been unsuccessful. Once in a while it would take. I have always found the humanized virus to work well. I was vaccinated when young with humanized virus, and then, many years after, during the time we had much small-pox, I was again vaccinated, and since that time I have been in the presence of small-pox repeatedly, and never made any effort to preserve myself, and there has never been an instance where I conveyed it from one to another. I never have had small-pox, but I have no more hesitation about treating the disease than I would chills and fever. I will state that I was always careful to take the virus from a healthy child of a healthy family.

DR. POWER, of Sacramento: I wish to state that I have had exactly the same experience as regards vaccine points. I have had better satisfaction with tubes, and while I do not like the idea of using it, still I have in the past done so with properly prepared tubes, without any trouble.

DR. R. F. ROONEY, of Auburn: If the virus from the arm is used on the seventh day, and if it be free from admixture with the products of secondary suppuration, I think it is an ideal form of vaccination. but, unfortunately, where you find one physician who is careful, you will find ten careless ones, and consequently the work is poor—you do not get good results. As far as using the scab is concerned, I think a man who advocates a scab is "away off," as it is not aseptic by any means, and is not usually handled in an aseptic manner, and, therefore, you get bad results from it. If you take the bovine virus on ivory points, from the government institution in Washington, you will have few failures, and if you are only careful and render the arm aseptic, you will not have many unpleasant cases.

DR. MACFARLANE: How do you know when you get fresh points?

DR. ROONEY: By sending to Washington for it.

DR. JOHN FIFE, of Red Bluff: I used Alexander's virus in 1895 and 1896, and it had not proved a success.

DR. L. A. HARCOURT, of Sacramento: In Chicago the law is that no child will be admitted to the schools without a certificate from a physician stating that such child has been successfully vaccinated. In 1868, the year I graduated from the Buffalo Medical College, I was vaccinated and it took beautifully. In 1879, I vaccinated myself, and it tried very hard to take, but could not. A year later, in 1880, I vaccinated myself again and it took beautifully. That shows that up to 1879 I was protected against small-pox, and sometime between 1879 and 1880 the protection had run out. I believe it is conceded that it is necessary to try it every six years. I certainly would not want to be vaccinated from a scab from a syphilitic patient. I never remember of having used human virus. To those who want it I say select your subject with great care. I agree with Dr. Rooney, that if you get fresh bovine virus and secure proper aseptic conditions you will have few failures. I am in favor of a vaccination law.

How Blood Corpuscles Escape Through the Walls of Blood Vessels.—DR. S. M. MOUSER, of San Francisco, an honorary member of the Society, presented a communication upon this subject which was read by title and referred for publication.

Secretary's Report.—The Secretary, E. E. STONE, of Marysville, submitted his annual report. During the year the Society had gained nine members by election. The number of active members at present on the roll of the Society was 81.

Treasurer's Report.—The report of the Treasurer, O. STANSBURY, of Chico, showed cash on hand from last year \$41.70; received from the Society during the year \$135.00, disbursed \$100.00, leaving a balance on hand of \$76.70.

Election of Officers.—The Society then proceeded to the election of officers for the ensuing year, with the following result:

President.....	R. F. ROONEY
First Vice-President.....	W. E. BATES
Second Vice-President.....	E. B. ROBERTSON
Third Vice-President.....	C. W. JONES
Secretary.....	ELMER E. STONE
Treasurer.....	O. STANSBURY
Board of Censors.....	{ W. E. BRIGGS, JOHN FIFE, A. M. HENDERSON, A. H. TICKELL, B. M. GILL.

Place of Next Meeting.—Under this head several places were mentioned, the opinion of those present was that the next meeting should be held in Grass Valley. As, however, no formal invitation had been presented, it was decided to leave the matter in the hands of the President.

New Members.—At the different sessions the following were duly elected members of the Society: R. Cadwallader, G. W. Dufficy, J. P. Gale, E. V. Lonigo, D. J. Prather, A. H. Tickell.

SPECIAL CORRESPONDENCE.

GERMANY.

[FROM OUR OWN CORRESPONDENT.]

The Plague in Vienna.—A Doctors' Strike.—Medical Cabinet Ministers.—Police Administration of Medical Affairs.—Meetings at Cologne and Dusseldorf.—Temperance Movement in Germany.—Untoward Effects of Cold Water.—Feculiar Tentamen Suicidii.

Much morbid excitement has prevailed for the last week, not indeed among the profession, but among the laity, on account of some cases of Indian Plague which occurred at Vienna as the unfortunate results of bacteriological studies and experiments. At the clinic of Professor Nothnagel one of the assistants, Dr. Müller, had for some time been carrying out these researches, in which he was particularly interested, having for several months served with a special

commission at Bombay during the last epidemic there. It appears that the laboratory attendant had become indifferent to the danger, and neglected the necessary precautions with regard to handling the animals artificially infected, and he was the first to be attacked. In the beginning, the symptoms were those of pneumonia, but suspicions were soon aroused and in three days' time the diagnosis was verified by bacteriological examination. In spite of all attempts at treatment the man died in a few days, and his death has since been followed by that of Dr. Müller, and of one of the nurses who had taken charge of the case. Two other nurses had also to be placed in quarantine, but seem to have escaped infection. The Professor has been vehemently attacked in the Chamber of Deputies as being guilty of culpable negligence in not taking sufficient precautions with these highly dangerous products, but such censure is really quite unmerited, and may be passed over as being more the outcome of an antagonistic political spirit than of calm judgment. If anything, the government authorities are at fault, for the Professor has repeatedly entered a plea for more ample accommodation for the prosecution of these next to indispensable studies. The heroic sacrifice of Dr. Müller, who, with full knowledge of all the dangers personally, undertook attendance on the diseased, and the subsequent disinfection of the sick-room and all its belongings, received full acknowledgment on all sides. In Berlin the scare has had the result that all the prominent professors have been overrun and interviewed by press reporters, but as they all gave reassuring information concerning the possibility of any danger, and new cases not having been notified, the mind of the metropolis is fairly well at ease again.

Quite a novel departure—a doctors' strike—has recently taken place in Remscheid, a rising manufacturing town in Rhenish Prussia. Of the 54,000 inhabitants, mostly factory workers, some 23,000 are members of one large club, the *Allgemeine Ortskrankenkasse*, or general local sick club. These institutions have been founded by the legislators during Bismarck's time, and have been of incalculable benefit to the laboring classes. The law enacts that all workmen not earning more than a certain amount shall be obliged to produce evidence of belonging either to some private club accepted as adequate by the government authorities, or else to one of these local general clubs, which were caused to be founded in every municipality. Although under the supervision of the burgomasters and other superiors, these clubs are allowed full self-management, the authorities only intervening on receiving intimation of mal-administration. The boards of management consist of laborers and masters, of work-takers and work-givers, as the term is, in the proportion of 2 to 1. In this manner the majority is always in the hands of the workmen, who belong, almost to a man, to the Social-democratic party; and this political side of the matter has become more and more evident in course of time. The tendency has been to reduce the income of medical men considerably, and also to render a great number of them entirely dependent on the good will and favor of these illiterate and often unreasoning party-men. This newest move, now, has been to introduce a system of medical officials to attend exclusively the members of the club under debarment from all other practice. In this way quite a new class of doctors would be created, but to the advantage neither of the physicians nor of the patients themselves. The former would be absolutely dependent on the governors of the clubs without any prospect of attaining a better position in course of time than in the beginning; they would be exceedingly hard worked, and their only refuge would be to economize their strength by doing the work as rapidly and superficially as possible, while the most trivial conflict with the managers of the club, or a new election of managers might at any time leave them destitute of all means of existence. The Remscheid doctors vigorously opposed this innovation, which was to be completed by the end of next year, and all simultaneously laid down their appointments. Patients were treated as before, the only difference being that they were required to pay for attendance the same as if they were private patients, but with the right of having the expenses refunded by the club. In this way it was hoped the club would in consequence of increased expenditure be obliged to come to terms. But unfortunately the enemy had other practitioners at his disposal who were willing to enter into bondage and defeat the higher aims of the profession for the sake of their own temporary emolument to the amount of \$1,500 a year. In general, a

doctor's "life is not a happy one." Everybody is declaring that things are getting worse and worse, and that somebody ought to do something, but who, what, and how is the question.

Some people expect great things from the proposed (or shall we say threatened?) transference of the administration of medical affairs in the cabinet from the *Cultasministerium*, the department for education and theology, with which it is at present combined, to the Secretary for the Interior. If a change of any kind is to be made, the only thing that would meet the wishes of the whole profession would be the creation of a special portfolio for medical affairs, and no doubt the post would be by no means a sinecure. At present the duties are divided between the two aforementioned departments. The Cultasminister has charge of all that pertains to the teaching of medicine, the Universities, and all connected with them, while all matters that concern the administration of sanitary measures and the health of the public in general, pertain to the other department. The working of this latter, I am afraid, leaves much room for improvement, and it is hardly to be expected that this will be achieved by assuming additional and by no means inconsiderable duties. On the other hand, perhaps, if the whole were centered in one department, this latter would, by being brought more in touch with the seats of science, avoid making errors which, for want of better information, have hitherto been frequent.

Thus, a little while ago, a decree was issued by the Berlin police administration to the effect that all females brought in for the first time under the charge of committing prostitution for gain, are to be examined by lady doctors and not by men. This is very considerate, though the practical side of the matter seems slightly dubious, especially as no provision exists in Germany for supplying the necessary doctresses. On the other hand, a petition of school mistresses to the *Cultasministerium*, praying for the services of lady doctors for their special service, received the reply that under the existing laws of the country he was quite unable to accede to the request. Such occurrences are, of course, very unfortunate. Likewise, in Dresden, the police are dabbling on our precincts. The new regulations just issued there, regarding the transporting of the mentally deranged to the asylums, place upon the ordinary policeman such an amount of authority in deciding which cases are to be transferred, when the straight waistcoat is to be applied, and so forth, that really none but a trained alienist can in future be considered qualified for the post of constable in the Saxon metropolis. All these things might be managed better.

Of the autumn meetings of medical societies, the two most important have been those of the German Society for Sanitation, and of the Physicians and Naturalists, which latter met at Düsseldorf. The former met at Cologne, in September, and discussed the following as the principal topics: (1) Measures to be adopted by Imperial Government for combating infectious diseases. (2) The treatment of town sewage, with special reference to modern appliances. This was the subject of prolonged discussion, as was also the sanitary administration of railways, while one sitting was devoted to the question of organizing regularly repeated official inspection of dwelling houses. An interesting paper was also read by the municipal engineer of the city on the progress made in sanitation there during the last few years. There had been great difficulties to contend with, as the town, being originally a fortress, was in many points exceedingly hampered and hemmed in.

At Düsseldorf, the meeting was extremely well attended. Much interest was aroused by Professor Haffkin's discovery on bubonic plagues, in which he called attention to the part which rats play in the dissemination of the disease. The subject of tuberculosis was thoroughly entered into, and it was resolved to inaugurate a special Congress for the further discussion thereof, to be held next spring in Berlin.

As an entirely new feature, the temperance meeting at Heidelberg, although not exclusively a medical subject, deserves at least a passing notice. It is sincerely to be hoped that the movement will gradually gain ground, for although the proportion of pronounced cases of dipsomania is perhaps not higher here or not even as high as in some other so-called civilized countries, the evil effects of hard drinking are prominent enough, and not only among the lower classes. The *Katsenjammer*, *i. e.*, cat-like sickness, by which is meant the symptoms of the day after, is familiar enough almost to every Teuton.

The injurious effects of the misapplication of the cold douche are demonstrated by a pronounced case of epilepsy induced, as Dr. Breitung, of Coburg, reports, in this manner: An otherwise perfectly healthy lad, without any hereditary taint, one very hot day, ran at full speed a distance of about half a mile, to avoid a threatening thunderstorm, on his way to the swimming bath. Without waiting to cool down, he immediately undressed and placed himself under the cold douche, where he remained for ten or fifteen minutes, as he enjoyed it so much. On returning home, his parents thought he seemed somewhat out of sorts; during the night he was very restless, quite contrary to his custom, and the next morning he developed indubitable epileptic fits, which have since frequently returned in the course of the last six years. The prompt onset of the disorder seems to exclude all doubt as to the etiology.

The following is an example of what a good stomach will stand with impunity: A convict, a tailor by occupation, attempted suicide by swallowing the following articles at intervals: 18 trouser buttons, 27 needles, some of which he had tied together with a thread through the eyes and surrounded with wax, various bits of nails, and an ordinary buckle. Apart from some pain in the stomach for a day or two, and slight blood spitting, he suffered no inconvenience, the articles all passing out *per vias naturales* without difficulty.

NOVEMBER 5, 1898.

REPORTS, ANALYSES AND NEW INVENTIONS.

Glycerinated Vaccine.

Messrs. Parke, Davis & Co. have recently given the profession in the United States the opportunity of availing itself of the use of fluid vaccine, similar in character to that which has for long been used abroad, but of animal origin. Fluid vaccine, in contradistinction to the dried vaccine on quills or ivory points in general use in this country, presents the very great advantage of being practically aseptic, thus excluding the possibility of the mixed infections that are the only real dangers attending vaccination. The new product which Parke, Davis & Co. have termed "Glycerinated Vaccine," consists of the pulp of cow-pox vesicles mixed with pure glycerine which has been found sufficiently germicidal to destroy any stray germs that may have escaped the elaborate precautions observed in the preparation of the vaccine. It is contained in hermetically sealed glass capillary tubes, each package of which is accompanied by a small rubber bulb for expelling the contents of the tube directly upon the prepared surface of the part of the patient selected for the operation. The only precaution to be observed is that of rubbing the lymph in more thoroughly than is customary when using the points. We have examined the sample submitted and have tested it in practice, and find it perfectly satisfactory from every point of view.

MEDICAL NEWS.

LICENTIATES OF THE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners, held December 20, 1898, the following were granted certificates to practise medicine in this State:

Charles Thomas Abbott, San Francisco; Med. Dept. Univ. Louisville, Ky., March 13, '94.
B. C. Atterbury, Oakland; Bellevue Hos. Med. Coll., N. Y., Oct. 1, '77.
Albert N. Barrett, Gardena; Louisville Med. Coll., Ky., Feb. 29, '72.
Robert W. Brown, Nepomo; Univ. of Manitoba, Canada, June 2, '93.
J. W. Carico, San Francisco; Med. Dept. Tulane Univ., La., March 26, '88.
John Wheeler Clark, Los Angeles; Barnes Med. Coll., Mo., March 16, '95.
Stephen Crowe, Sacramento; Baltimore Med. Coll., Md., March 23, '92.
Mary Agnes Dangel, Alameda; Med. Dept. Univ. Michigan, July 1, '97.
Alfred David, Oakland; Queen's Univ., Ontario, Canada, April 23, '73; Coll. Phys. and Surg., Ontario, Canada, Sept. 28, '74; Royal Coll. Phys. and Surg., Canada, March 18, '90.

Robert W. H. Duncan, Los Angeles; Coll. Phys. and Surg., Baltimore, Md., March 13, '85.
 William C. Finch, Los Angeles; Med. Dept. Univ. Louisville, Ky., March 29, '97.
 Richard Fricke, San Francisco; Baltimore Univ. School of Med., Md., March 24, '91.
 Wm. L. Garrison, Napa; Coll. Phys. and Surg., Keokuk, Iowa, Feb. 26, '90; Rush Med. Coll., Ill., March 28, '93.
 Jacob Goetz, Philadelphia; Univ. Rostock, Germany, Oct. 9, '96.
 William L. Grimes, San Francisco; Missouri Med. Coll., March 27, '93.
 William Homer Haines, Etna; Coll. Phys. and Surg., Keokuk, Iowa, March 15, '98.
 Edwin Thomas Hall, Plano; Kentucky School of Med., June 30, '93.
 Samuel I. Harrison, Oakland; Rush Med. Coll., Ill., Feb. 15, '87.
 Conley Heaton, Pomona; Miami Med. Coll., Ohio, Feb. 29, '78.
 Angier B. Hobbs, Los Angeles; Coll. Phys. and Surg., N. Y., June 13, '89.
 Cicero Mead Hobby, San Diego; Bellevue Hos. Med. Coll., N. Y., March 1, '70.
 John J. Keefe, San Francisco; Coll. Phys. and Surg., San Francisco, July 14, '98.
 William Preston Kelley, San Francisco; Kentucky School of Med., June 30, '91.
 John Kelly, Jr., San Mateo; Med. Dept. Univ. of Michigan, June 26, '84.
 Emile M. Lambert, Ottawa, Canada; McGill Univ., Quebec, Canada, April 1, '91.
 Walter E. Lilley, Merced; Baltimore Med. Coll., Md., April 17, '94.
 Frederick V. Mohn, San Francisco; Med. Dept. Univ. Minnesota, June 2, '92.
 John Jacob Richstein, Oakland; Marion-Sims Med. Coll., Mo., April 2, '96.
 Conrad Richter, Mariposa; Rush Med. Coll., Ill., Feb. 11, '87.
 William E. Stewart, Los Angeles; Med. Dept. Univ. Vermont, June 20, '67.
 Oscar Tobriner, San Francisco; Med. Dept. Univ. California, May 17, '98.
 Walter S. Robbins, Los Angeles; Long Island Coll. Hos. New York, Jan. 7, '89.
 Hugh M. G. Willson, San Francisco; Albany Med. Coll. New York, Dec. 22, '57; Bellevue Hos. Med. Coll. New York, March 1, '70.
 Erwin Wright, San Francisco; Detroit Med. Coll., Michigan, March 4, '85.

The following are graduates of Cooper Medical College, Cal., Dec. 8, '98:

Myrtle A. Ap. Lynne, San Francisco.	Ona Crosby Hyde, San Francisco.
Caroline Louise Avery, San Francisco.	John Taylor Jones, San Francisco.
Grant Calhoun, Seattle, Wash.	Leo L. Meininger, San Francisco.
William D. Carnegie, San Francisco.	Harry A. Niemeyer, San Francisco.
Daniel Crosby, San Francisco.	Harry Reeves Oliver, San Francisco.
J. B. Frankenheimer, San Francisco.	Ralph Emory Peck, San Francisco.
Walter S. Franklin, San Francisco.	Joseph Francis Poheim, San Francisco.
David Friedlander, San Francisco.	Fred Orlando Pryor, San Francisco.
Mabel L. Garrard, San Francisco.	Charles Henry Rowe, Oakland.
Jacob S. Green, San Francisco.	Margaret H. Smyth, San Francisco.
Margaret A. Guidinger, San Francisco.	Otis Burgess Spalding, Angels Camp.
William Henslee, San Francisco.	John Clark Spencer, San Francisco.
William Himmelsbach, San Francisco.	James Charles Titchworth, San Francisco.
Ottoichiro Hoshino, San Francisco.	Sarah Vrooman, East Oakland.

REFUSED:

F. A. Boyer, of Los Angeles; Univ. State of Illinois, and National Coll. Electro-Therapeutics of Indiana—schools not recognized.

CHAS. C. WADSWORTH, Secretary.

ITEMS.

Dr. Thomas W. Huntington has removed from Sacramento to San Francisco, and has established his office and residence at 1118 Sutter street. Hours until April first, 3 to 5 P. M.; after April first, 1 to 4 P. M. Telephone, East 104.

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Permit me to say, that I have dispensed from my office many bottles of your Elixir Six Iodides, for the simple reason that my patients were unable to obtain the preparation from the retail druggists, and for the more important reason to prevent substitution or sophistication, which, although not generally practiced, are unfortunately too frequently met with. The druggist's interest being to sell all the drugs he can, for therein lies his bread and butter, while the physician's lies in an entirely different direction, and that is—to cure his patients as soon as possible. My experience with the Elixir Six Iodides has been, so far, a happy one, and I can only congratulate your firm in placing in the hands of physicians so efficient a preparation. I shall continue to dispense it as long as it maintains the present excellent standard in curative effects. On referring to my case book I find I have of late administered nearly as many as four dozen, which goes to show how frequently the Six Iodides can be found useful. The fact remains patent that I have found in this particular preparation a desideratum which no other combination seems to possess. As a typical case I shall mention one of necrosis of the sternum in a young man, with no history of syphilis, where every other means had failed to arrest the destruction of bone tissue or structure. He had been under treatment at one of our best hospitals in this city, and undergone a surgical operation, scraping the bone, etc., which proved useless. The discharge continued and as a dernier resort he came to me. Three weeks after the institution of Six Iodides, the ugly sinus had completely dried up. Nor has there been any sign of imperfect cure. Patient reports himself as being perfectly well. Since then has married and is the father of a bouncing boy, free from any taint of disease whatever. Every alterative, so-called, had been tried in vain; I had almost despaired of ever curing the fellow when he was put on the Elixir, which did the work most thoroughly. Trusting that the medical profession may be induced to give this truly reliable preparation a thorough trial and be convinced of its intrinsic value.

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This, That and the Other

A Winter Remedy

That Codeine had an especial effect in cases of nervous coughs, and that it was capable of controlling excessive coughing in various lung affections, was noted before its true physiological action was understood. Later it was clear that its power as a nervous calmative was due, as Bartholow says, to its special action on the pneumogastric nerve.

Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tracts. In marked contrast is it in this respect to morphine. Morphine dries the mucous membrane of the respiratory tract to such a degree that the condition is often made worse by its use; while its effect on the intestinal tract is to produce constipation. There are none of these disagreeable effects attending the use of Codeine.

Antikamnia has stood the test of thorough experimental work, both in the laboratory and in actual practice; and is now generally accepted as the safest and surest of the coal-tar products.

"Antikamnia and Codeine Tablets," each containing $4\frac{1}{4}$ grains Antikamnia and $\frac{1}{4}$ grain Sulph. Codeine afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the throat, as well as the coughs incident to lung affections.

Acute Inflammation of the Prostate Gland

The Journal of the American Medical Association contains a report on inflammation of the prostate gland, which was presented to The Section on Surgery and Anatomy at the Forty-ninth annual meeting of the American Medical Association, held at Denver, Colo., June, 1898, by Listen Homer

Montgomery, M. D., of Chicago, Ills. His plan of treatment in acute inflammation of the prostate gland is to wash out the abscess cavity with hydrogen peroxid, give copious hot water enema and hot hip baths frequently, avoid morphine internally and advise care lest the patient strain at stool or during micturition. On the theory that toxins are retained in the circulation and within the gland and to prevent degeneration in the gland substance, he administers triticum repens or fluid extract tritipalm freely, combined with gum arabic or flaxseed infusion. Along with these remedies the mineral waters, particularly vichy with citrate of potash, go well together. Hydrate of chloral or this salt combined with antikamnia are the very best anodyne remedies to control pain and spasms of the neck of the bladder. These pharmacologic or medicinal remedies are the most logical to use in his judgment, while externally, applications of an inunction of 10 or 20 per cent iodoform, lanoline, as well as of mercury, are also of value.

Migraine—(Catarrhal.)

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—*American Journal Surgery and Gynecol.*

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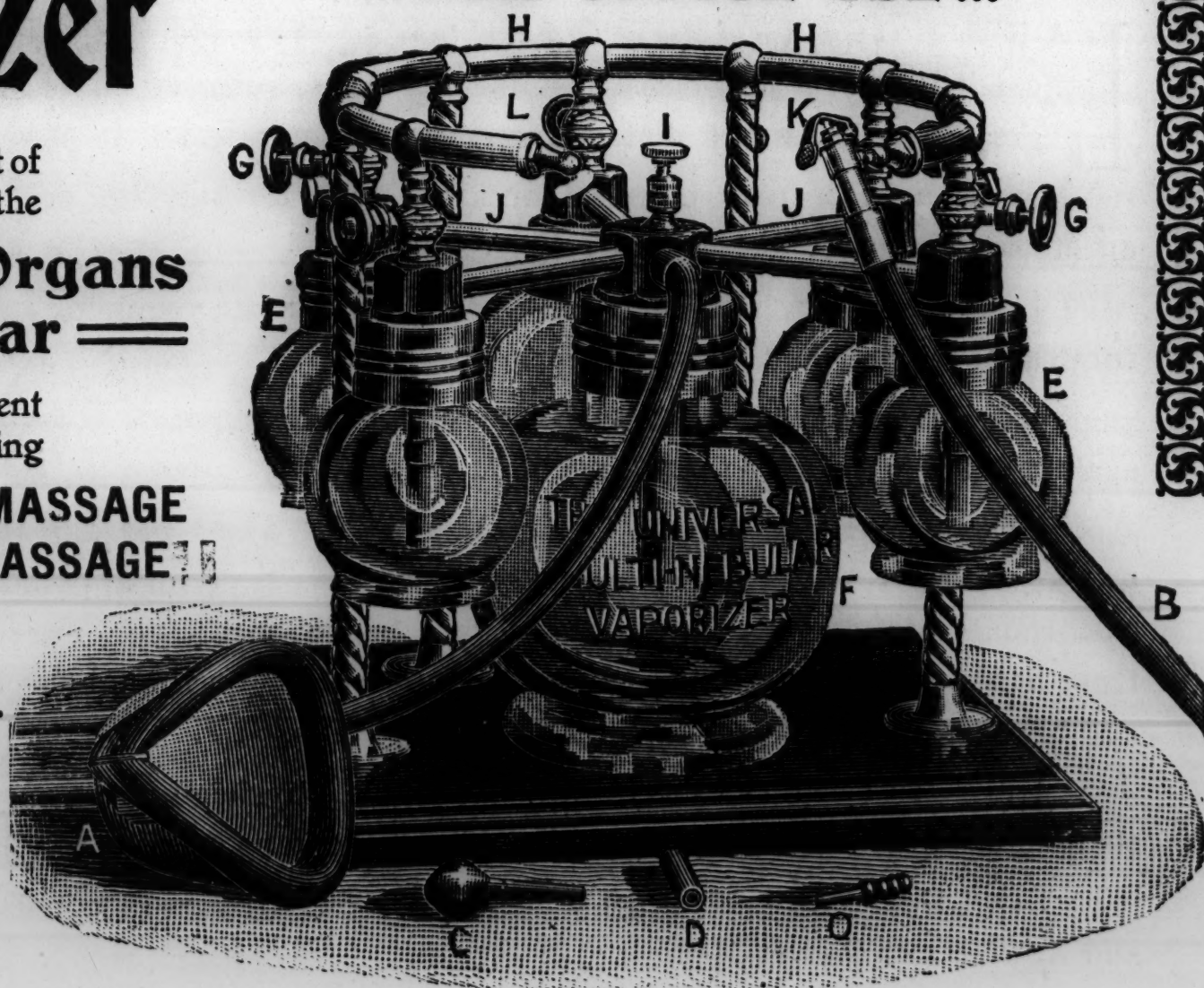
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For Annual Announcement, or other information, address the Secretary at the College.

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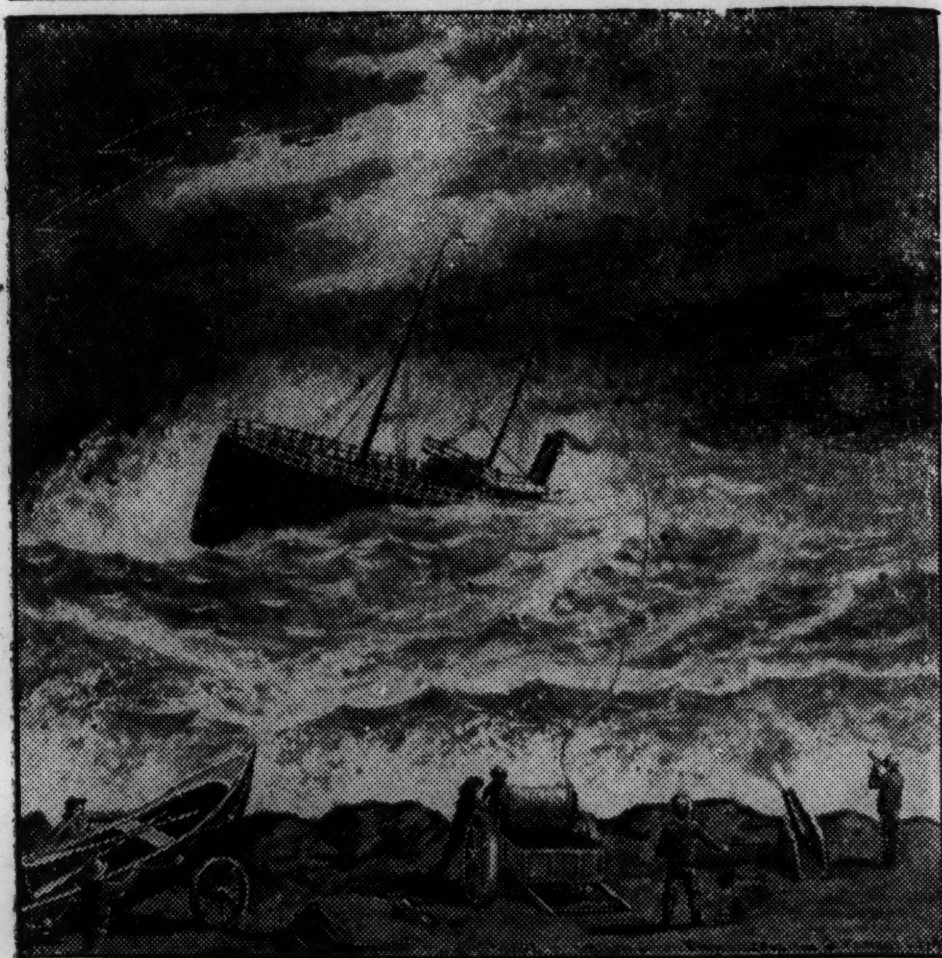


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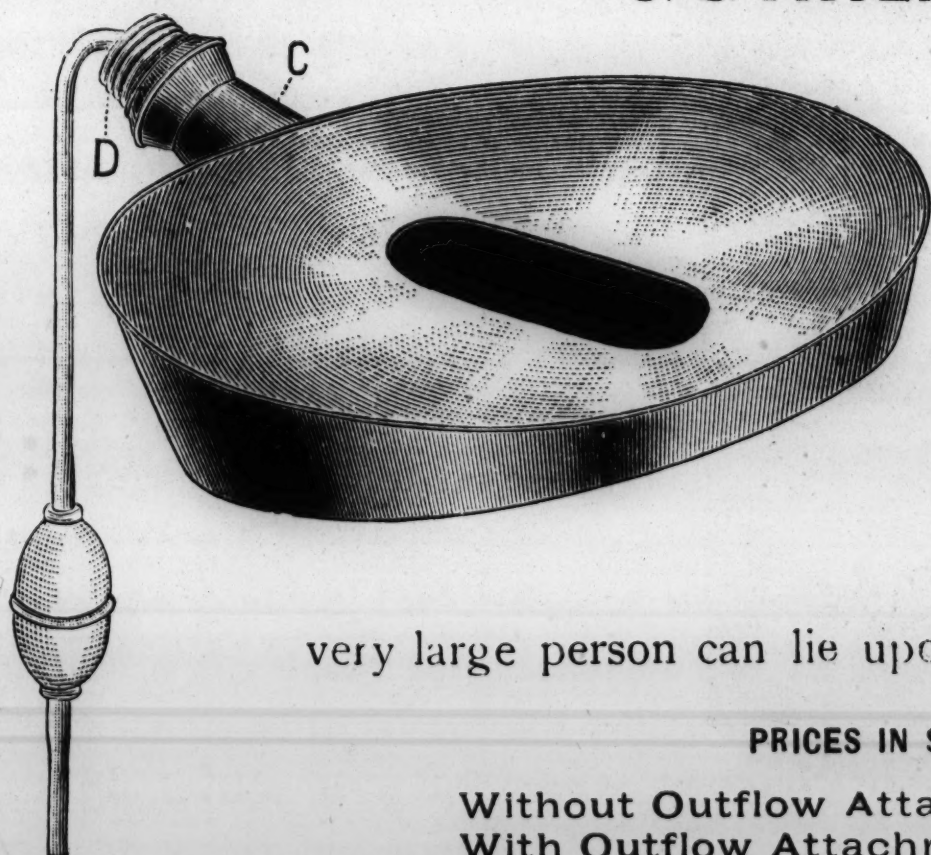
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